

**IN THE UNITED STATES DISTRICT COURT FOR THE
SOUTHERN DISTRICT OF ILLINOIS**

Lennisha Reed *et al.*,

Plaintiffs,

v.

Wexford Health Sources, Inc., *et al.*,

Defendants.

Case Number 3:20-cv-01139-SPM

Judge Stephen P. McGlynn

**RESPONSE OF PLAINTIFFS TO
RULE 34 REQUESTS BY DEFENDANT WEXFORD HEALTH SOURCES, INC.**

These are the responses of Lenn Reed Jr. to interrogatories served by defendant Wexford Health Sources, Inc. on April 1, 2021.

1. All medical records, reports, charts or notations of whatever kind describing or indicating Decedent's physical or mental condition prepared by any physician, therapist, or any other person having occasion to treat, examine or care for Decedent within the period beginning on January 9, 2009, through his death. If any such documents are not in the possession of the plaintiff or plaintiffs attorney, then a medical records release is requested to enable this defendant to acquire such documents.

Plaintiffs' response: Plaintiffs will produce all responsive documents in their possession, custody, or control.

2. All statements or memoranda of statements of any of the defendants or, with regard to Wexford Health Sources, Inc., or the Illinois Department of Corrections, any of its supervisory personnel, having knowledge concerning the facts of this case.

Plaintiffs' response: Plaintiffs object that "statements or memoranda" are vague and ambiguous as the terms are not described in the request. Subject to and without waiving this objection, Plaintiffs will produce all responsive documents in their possession, custody, or control. Pursuant to Rule 34(b)(2)(C), Plaintiffs state that they are not withholding any documents on the basis of this objection.

3. All statements or memoranda of statements of any person having knowledge concerning the facts of this case.

Plaintiffs' response: Plaintiffs object that "statements or memoranda" are vague and ambiguous as the terms are not described in the request. Plaintiffs object that "persons having knowledge" are vague and ambiguous as the terms are not described in the request; Plaintiffs interpret "knowledge" to refer to percipient knowledge. Plaintiffs object to this request to the extent it calls for the production of documents protected by the attorney work-product doctrine. Subject to and without waiving these objections, Plaintiffs will produce all responsive documents in their possession, custody, or control. Plaintiffs further object to this request to the extent it calls for production of documents placed outside the scope of discovery pursuant to Rule 26(b)(4). Plaintiffs anticipate that multiple documents excluded from discovery by Rule 26(b)(4) and the attorney work-product doctrine will be created during the course of this action.

4. All accident, incident, or occurrence reports prepared by any defendant or any other person, corporation or governmental agency, including law enforcement agencies, about Decedent's illness described in the Complaint, or about any other fact alleged in the Complaint.

Plaintiffs' response: Plaintiffs will produce all responsive documents in their possession, custody, or control.

5. All documents and writings, films, memorandum, and/or correspondence, originally created by any Defendant, or, with regard to Wexford Health Sources, Inc., or the Illinois Department of Corrections its parent, subsidiary, or agent.

Plaintiffs' response: Plaintiffs will produce all responsive documents in their possession, custody, or control.

6. All photos, films, videotapes, diagrams, plans, sketches, or specifications of the scenes of the incarceration and/or the medical evaluation or treatment alleged in the Complaint and of any other items or objects relevant thereto.

Plaintiffs' response: Plaintiffs will produce all responsive documents in their possession, custody, or control.

7. All photographs, films or videotapes, in your possession, custody, or control, which show or purport to show any aspect of Decedent during his illness described in the Complaint.

Plaintiffs' response: Plaintiffs will produce all responsive documents in their possession, custody, or control.

8. All documents that you, or your attorney, may use at trial to establish the standard of care owed by one or more defendants, or the breach thereof.

Plaintiffs' response: Plaintiffs object that the disclosure of responsive documents is controlled by Rule 26(a)(3). Subject to and without waiving this objection, Plaintiffs will produce all responsive documents in their possession, custody, or control. Pursuant to Rule 34(b)(2)(C), Plaintiffs state that they are not withholding any documents on the basis of this

objection, subject to the timing of disclosures provided for by Rule 26(a)(3).

9. All documents provided to any person expected to be called as an opinion witness at the trial of this case.

Plaintiffs' response: Plaintiffs object that “opinion witness” is vague and ambiguous in the context of this case. Interpreting “opinion witness” to refer to witnesses required to be identified pursuant to Rule 26(a)(2)(B), Plaintiffs will produce all responsive documents in their possession, custody and control, subject to the limitations on discovery provided for by Rule 26(b)(4).

10. All documents or reports from any person expected to be called as an opinion witness at the trial of this case.

Plaintiffs' response: Plaintiffs object that “from” is vague and ambiguous in the context of this request as it does not specify an identifiable category of documents. Plaintiffs further object that “opinion witness” is vague and ambiguous in the context of this case. Interpreting “opinion witness” to refer to witnesses required to be identified pursuant to Rule 26(a)(2)(B), Plaintiffs will produce all responsive documents in their possession, custody, and control, subject to the limitations on discovery provided for by Rule 26(b)(4).

11. All documents, objects and tangible things which are in the possession of a consulting opinion witness retained by you, which do not contain the consulting opinion witness' opinions.

Plaintiffs' response: Plaintiffs object to this request to the extent it calls for information outside the scope of discovery permitted by Rule 26(b)(4). Subject to and without waiving this objection, there are no responsive documents. Plaintiffs are not withholding documents on the

basis of their objection.

12. All documents identified in your answers to Defendants' Interrogatories.

Plaintiffs' response: Plaintiffs will produce all responsive documents in their possession, custody, or control.

13. All documents used in preparation of your answers to Defendants' Interrogatories.

Plaintiffs' response: Plaintiffs will produce all responsive documents in their possession, custody, or control.

14. All documents obtained in response to any subpoena issued in the course of this litigation.

Plaintiffs' response: Plaintiffs will produce all responsive documents in their possession, custody, or control.

[Un-numbered request] *Please furnish an affidavit stating whether the production is complete in accordance with this request.*

Plaintiffs' response: Plaintiffs object to the request to “furnish an affidavit stating whether the production is complete in accordance with this request,” as falling outside the scope of documents that may be requested pursuant to Rule 34 and Rule 26. Responding further, Plaintiffs note that their responses to the defendants' discovery in this case are governed by Rule 26(g).

Date: May 25, 2021

Respectfully submitted,

/s/ Stephen H. Weil
Stephen H. Weil
Attorney for Plaintiffs

Jon Loevy
Sarah Grady

Stephen Weil
LOEVY & LOEVY
311 N. Aberdeen Street, Third Floor
Chicago, IL 60607
(312) 243-5900

CERTIFICATE OF SERVICE

I, Stephen H. Weil, an attorney, certify that on September 2, 2021, I caused a copy of the foregoing to be served on counsel for all Defendants via e-mail.

/s/ Stephen H. Weil

Stephen H. Weil

Attorney for Plaintiff

AO 88B (Rev. 02/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action

B28789

UNITED STATES DISTRICT COURT *2019 Lawrence*
for the
Southern District of Illinois *Discharge*

Lennisha and Lenn Reed Jr

Plaintiff
v.
Wexford Health Sources, Inc., et al

Defendant

)
)
)
)
)
)

Civil Action No. 20-cv-1139

1998 BMR
Discharge
L9 103

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To: Illinois Department of Corrections, Attn: Records Department
1301 Concordia Court, Springfield, IL 62701

(Name of person to whom this subpoena is directed)

☒ **Production:** YOU ARE COMMANDED to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: Complete masterfile; all medical records; all grievances and responses thereto.

Place: Loevy & Loevy
311 N. Aberdeen, 3rd Floor
Chicago, IL 60607

Date and Time:

09/16/2021 5:00 pm

☐ **Inspection of Premises:** YOU ARE COMMANDED to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:

Date and Time:

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 08/26/2021

CLERK OF COURT

OR

Signature of Clerk or Deputy Clerk

/s/ Steve Weil

Attorney's signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party) Plaintiffs
Lennisha and Lenn Reed Jr. administrators of the Estate of Lenn Reed, who issues or requests this subpoena, are:
311 N Aberdeen, 3rd Floor, Chicago, IL 60607 weil@loevy.com 312-243-5900

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

Mailed 9-21-21

Illinois Department of Corrections

**Reception & Periodic
Medical History**

Facility

CCE

Date

6/28/95

Time

9: AM (PM)

County Info

Mendi

MTWTF

Name

Renee, Penn

Number

828789

Race: B (W) H Other

Age

18 Date of Birth 5/11/77

Sex: (M) F

S:

Past Med Hx / Hx of Present Illness / Family Hx

CONDITION	YES	NO	FAMILY HX	EXPLANATION
1. Allergies		<input checked="" type="checkbox"/>		
2. Smoking	<input checked="" type="checkbox"/>			1 PK / day
3. Pediculosis		<input checked="" type="checkbox"/>		
4. Seizures		<input checked="" type="checkbox"/>		
5. Asthma		<input checked="" type="checkbox"/>		
6. Cardiac / HTN		<input checked="" type="checkbox"/>		
7. Diabetes		<input checked="" type="checkbox"/>		
8. Communicable Disease		<input checked="" type="checkbox"/>		
a. Hepatitis / Jaundice		<input checked="" type="checkbox"/>		
b. Hx + PPD / Active TB		<input checked="" type="checkbox"/>		
c. STD		<input checked="" type="checkbox"/>		
9. Surgeries		<input checked="" type="checkbox"/>		
10. Hx of Psych TX		<input checked="" type="checkbox"/>		
Past Suicide Attempt		<input checked="" type="checkbox"/>		
11. Recent Drug / ETOH use	<input checked="" type="checkbox"/>			oppressive 3 wks ago.
12. Mobility Limitations		<input checked="" type="checkbox"/>		
Assistive Devices		<input checked="" type="checkbox"/>		
Prosthetics		<input checked="" type="checkbox"/>		
Specialized Equipment		<input checked="" type="checkbox"/>		
13. Other Medications		<input checked="" type="checkbox"/>		
14. Other		<input checked="" type="checkbox"/>		

O: T 98° P 80 reg/irreg. R 16 reg/irreg. BP 110/80
 Height 5'9" Vision RT 20/20 Corrected RT 20/
 Weight 154 LT 20/20 LT 20/

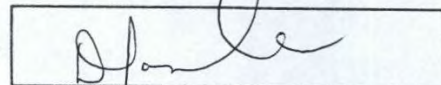
Evidence of Signs of Illness, Deformity, Acute Problems:

A:

P: (Instructions: Circle and Complete as appropriate)

1. Physical Examination: urgent/routine
2. Mental Health Referral: urgent/routine
3. Health information given: Y / R
4. PPD / CXR
5. Other

Interviewer Signature



PPD Administered: 4/22/95 PPD Read: 6/25/95

Reading 0 mm

By: [Signature]

R & C Use Only Lab

EKG

Sickle Cell: Y / N

CXR

Dental

Panorex

FEMALE ONLY:

Renee.

V970645

Illinois Department of Corrections

Physical Examination

Page 1

Facility:

Graham CC

Date:

6/27/95

Time:

8 AM PM

Name

Reed, Lenny

Number

B28789

Race: B W H Other ☐

Age

18

Date of Birth

5/11/77

Sex:

M F

986 110/80-80-16

	YES	NO	EXPLANATION
Hx reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lab reviewed	<input type="checkbox"/>	<input type="checkbox"/>	N/A
S: Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1. Allergy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Substance Abuse:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	socially
b. IV Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Other Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	marijuana
3. Shared Needles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Sexual Contact with:	<input type="checkbox"/>	<input type="checkbox"/>	
a. IV drug user	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Prostitute(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Multiple partners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30
5. Homosexual Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	g.c. '93
7. Exposed to known AIDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
victim, ARC, or HIV+	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Blood Transfusions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Three or more months of:	<input type="checkbox"/>	<input type="checkbox"/>	
a. Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Diarrhea	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Night Sweats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Persistent URI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Weight Loss (>15 lbs.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Lymphadenopathy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Fatigue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. Other	<input type="checkbox"/>	<input type="checkbox"/>	

Past Hospitalizations

None

Diagnosis: _____

Diagnosis: _____

Date(s): _____

Date(s): _____

Hospital: _____

Hospital: _____

Location: _____

Location: _____

DCA 872 IL-426-17169

Illinois Department of Corrections

Physical Examination**Page 2**

Facility:

Graham CC

Name

Reed, Lenny

Number

B28789Race: B ☒ W ☐ H ☐ Other ☐

Age

18

Date of Birth

5/11/97

Sex:

☒ M ☐ F

Q:	Normal	ABN	EXPLANATION
SYSTEM			
1. Head, Neck, Face & Scalp	<input checked="" type="checkbox"/>		
2. Nose & Sinuses	<input checked="" type="checkbox"/>		
3. Mouth & Throat	<input checked="" type="checkbox"/>		Oral Condition <input checked="" type="checkbox"/>
4. Ears	<input checked="" type="checkbox"/>		Drums <input checked="" type="checkbox"/>
5. Eyes	<input checked="" type="checkbox"/>		Pupils <input checked="" type="checkbox"/> Fundoscopic <input checked="" type="checkbox"/>
			Accommodation <input checked="" type="checkbox"/>
6. Lungs & Chest including Breast	<input checked="" type="checkbox"/>		Auscultation <input checked="" type="checkbox"/>
7. Heart	<input checked="" type="checkbox"/>		Rate <input checked="" type="checkbox"/> Size <input checked="" type="checkbox"/>
			Rhythm <input checked="" type="checkbox"/> Murmurs <input checked="" type="checkbox"/>
8. Vascular	<input checked="" type="checkbox"/>		
9. Abdomen	<input checked="" type="checkbox"/>		Consistency <input checked="" type="checkbox"/> Tenderness <input checked="" type="checkbox"/>
			Masses <input checked="" type="checkbox"/> Scars <input checked="" type="checkbox"/>
10. Anus, Rectum (Prostrate - 40+ Male Only)	<input checked="" type="checkbox"/>		Visual <input checked="" type="checkbox"/>
			Digital <input checked="" type="checkbox"/> Guaiac + / - / R
11. Genito-Urinary System	<input checked="" type="checkbox"/>		
12. Upper Extremities and Lower Extremities	<input checked="" type="checkbox"/>		Strength <input checked="" type="checkbox"/>
			ROM <input checked="" type="checkbox"/>
13. Spine & Musculo-Skeletal	<input checked="" type="checkbox"/>		
14. Skin & Lymphatics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Defect on</u>
15. Neurologic DTR's Equilibrium	<input checked="" type="checkbox"/>		Romberg <input checked="" type="checkbox"/>
			Biceps <input checked="" type="checkbox"/>
			Patella <input checked="" type="checkbox"/>
16. Mental Status	<input checked="" type="checkbox"/>		
17. Pelvis (Female Only)			Cervix <input checked="" type="checkbox"/> Vaginal Canal <input checked="" type="checkbox"/>
			Fundus <input checked="" type="checkbox"/> PAP Y / N / R

A: Problem #

Defect on
neck into
MDV

[Signature]

P: (Instructions: Circle as appropriate and complete plan)

1. Placement Consideration: Y ☒ N ☐
2. HR: Y ☒ N ☐
3. Food Handler Status: 010
4. Other: [Signature]

Examiner's Signature

Date: 6/27/95

[illegible]

State Of Illinois — Department Of Corrections

Medical Progress Notes

Facility:

Graham CC

Resident's Name:

Reed, Lenny

Resident's Number:

B28789

Date/Time	Problem #	S.O.A.	Plans
7/3/95 10 ¹⁰ a.m.		S. HIV screen O. HIV precounseling done & understanding stated & consent signed - A. HIV screen	P. HIV precounseling in 10 days J. Miller RN M. Priddle
7-6-95 9A		withdrew request slip re rt arm pain	
7/14/95 10 ³⁰ p.m.		Rec'd from G.C.C. - RDC to G.C.C. - GP.	
7-21-95 5 ⁵⁰ p.m.		Withdrew request slip for rash on arm	
8-1-95 5 ⁵⁰ p.m.		c/o rash on chest. or blist, in no event	Russ PO H.C. 0.5% apply BID as directed (*1 tube used)
11/10/95 2 ²⁰ p.m.		Distress. Rash raised rash no on chest. A. Dermatitis	PT ED gain Russ

DC 7147 IL 426-0017 Revised November, 1978

Southwestern

State Of Illinois — Department Of Corrections

Medical Progress Notes

Facility:

Graham

Resident's Name:

Reed, Penn

Resident's Number: _____

B 28789

[illegible]

Illinois Department of Corrections

Health Status

Transferring Facility: Latham

Date 10/18/95
Time 11 AM PM

Allergies NKA

Current / Acute Conditions / Problems /

Chronic Conditions / Problems /

Current Medications: Name, Dosage, Frequency, Duration:

Acute Short-term Medications: /

Chronic Long-term Medications: /

Chronic Psychotropic Medications: /

Current Treatments: /

Therapeutic Diets: /

Follow-Up Care Needed: Routine

Read PPO 10/20/95, Report PPO 12/13/95

Chronic Clinics: /

Specialty Referrals: /

Significant Medical History: Alcohol

Physical Disabilities / Limitations: /

Assistive Devices/Prosthetics: /

Mental Health Issues: Hx Suicide Attempt: ☐ Date: ///

Glasses: /

Dentures: /

Hx Psych Med ☐

Hx MPC / STC ☐

Substance Abuse: Alcohol ☒

Drugs ☐

R & C Use Only

☐ LAB
☐ MEDS

☐ EKG
☐ MH

☐ CXR
☐ Other

☐ DENTAL
Packet
Complete

[Signature]

Signature and Title

Transfer Reception Screening

Facility: SWIC

Date 10/18/95
Time 7:00 AM PM

P: Disposition:

1) ☐ Health Information Given

2) ☐ Emergency Referral

3) ☐ Sick Call:

Urgent / Routine

() Medication Evaluation

() Therapeutic Diet

() Special Housing

() Work Program Limits

() Specialty Referrals

() Chronic Clinics

() Other

4) () Infirmary Placement

5) ☒ Other AFH 7-14-95

S: Current Complaint /

Current Medications / Treatment: /

O: Physical Appearance / Behavior: No visible trauma noted. Behavior appropriate.

Deformities: Acute / Chronic: /

T 97.6 P 60 R 16 B/P 110 180

A: Intake screening.

C. Shoab

DC 873 (Rev. 10/92) IL 426-17170

PPO to be read 10-20 - to be updated 12-13-95 & results reported to Judy Coe.

Signature and Title

STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS

MEDICAL PROGRESS NOTES

Facility

SWICC

Inmate's Name

Reed Lenn

Inmate's Number

er B28789

Date/Time	SOA	PLANS
12/3/95	S) What's this for?	P) Read skin test
7 ¹⁰ _{pm}	O) PPD @ arm	48-72 H
	A) R/O TB exposure	Merita RN
12/7/95	Health Status Report	
4 ⁰⁰ _A	Completed —	Thyus Russell, RN

Facility

Inmate's Name

Inmate's Number

[illegible]

DC 7147 (3-84)
IL 426-0017

Illinois Department of Corrections

Health StatusTransferring
Facility:

SWICC

Date: 12/17/95

Time: 4:00 AM PM

Name:

Reed, Lynn

Number:

B 2 8 7 8 9

Race:

B

W

H

Other

Age:

18

Date of Birth:

05/11/77

Sex:

M

F

Allergies:

NKA

Food Handler Approved:

yes

Current/Acute Conditions/Problems:

Chronic Conditions/Problems:

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications:

Chronic Long-term Medications:

Chronic Psychotropic Medications:

Current Treatments:

THERAPEUTIC DIETS:

FOLLOW-UP CARE NEEDED:

Routine Health Care -

CHRONIC CLINICS:

SPECIALTY REFERRALS:

Significant Medical History:

Substance abuse

Physical Disabilities/Limitations:

Assistive Devices/Prosthetics:

Mental Health Issues:

Hx Suicide Attempt:

Date:

/ /

Glasses:

Dentures:

Hx Psych Med

Hx MPC/ STC

Substance Abuse:

Alcohol:

Drugs:

R & C Use Only

☐ LAB☐ EKG☐ CXR☐ Dental☐ MEDS☐ MH☐ Other

Packet

Complete

Signature and Title

Darius Russell RD

Transfer Reception Screening

Facility:

Date: / /

Time: AM PM

S: Current Complaint:

Current Medications/Treatment:

O: Physical Appearance/Behavior:

Deformities: Acute/Chronic

T P R B/P /

A:

P: Disposition:

1) ☐ Health Information Given2) ☐ Emergency Referral3) ☐ Sick Call:

Urgent / Routine

☐ Medication Evaluation☐ Therapeutic Diet☐ Special Housing☐ Work/Program Limitation☐ Specialty Referrals☐ Chronic Clinics☐ Other4) ☐ Infirmary Placement5) ☐ Other

Signature and Title

DC 873 (Rev. 10/92) IL 426-17170

STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS

MEDICAL PROGRESS NOTES

Facility

SWICC

Inmate's Name

Reed, Lenn

Inmate's Number

B28789

Date/Time	SOA	PLANS
1/24/98 4:00 P.M.	<p>R.N. Note -</p> <p>S. I've felt bad all day since lunch & just threw up in the HCU. It was nasty & food in it. I also have had some diarrhea too today.</p> <p>o) VST. 98. P. 104 R. 18</p> <p>11/2/04 - Skin w/d eyes clear -</p> <p>a) flu sx.</p>	<p>P.) Pt. instructed take in liquid diet x 24^o</p> <p>Avoid spicy, greasy foods. Return to HCU if sx persist x 24^o</p> <p>Varied Understanding</p> <p>Tyl. gr x given for discomfort</p> <p>D Russell, RN</p>

Illinois Department of Corrections

Health Status

Transferring Facility:

SWICC

Date: 2/27/96

Time: 9:05 AM

NKA

Allergies:

Food Handler Approved:

AFH 7-14-95

Current/Acute Conditions/Problems:

Chronic Conditions/Problems:

Current Medications - Name, Dosage, Frequency, Duration:

Acute Short-term Medications:

Chronic Long-term Medications:

Chronic Psychotropic Medications:

Current Treatments:

THERAPEUTIC DIETS:

FOLLOW-UP CARE NEEDED:

Routine health care

CHRONIC CLINICS:

SPECIALTY REFERRALS:

Significant Medical History:

Hx polysubstance abuse

Physical Disabilities/Limitations:

Assistive Devices/Prosthetics:

Mental Health Issues:

Hx Suicide Attempt: ☐ Date: / /

Glasses:

Dentures:

Hx Psych Med ☐Hx MPC/STC ☐Substance Abuse: ☒Alcohol: ☒Drugs: ☒

R & C Use Only

☐ LAB ☐ EKG ☐ CXR ☐ Dental
☐ MEDS ☐ MH ☐ Other

☐ Packet Complete

Signature and Title

Melissa Quinn RN

Transfer Reception Screening

Facility:

BMRCC

Date: 2/28/96

Time: 7:10 AM

S: Current Complaint:

Current Medications/Treatment:

O: Physical Appearance/Behavior:

appropriate

Deformities: Acute/Chronic

T P R B/P /

A:

Deerling

P: Disposition:

1) ☒ Health Information Given2) ☐ Emergency Referral3) ☒ Sick Call:

Urgent / Routine

☐ Medication Evaluation☐ Therapeutic Diet☐ Special Housing☐ Work/Program Limitation☐ Specialty Referrals☐ Chronic Clinics☐ Other4) ☐ Infirmary Placement5) ☐ Other

Signature and Title

B. Kewell

STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS

MEDICAL PROGRESS NOTES

Facility

BmRCC

Inmate's Name

Reed, L

Inmate's Number

B28789

Date/Time	SOA	PLANS
4/4/96 12:45 PM	NSC S.I. have a sore on my butt. O cluster of blisters dry. Hydrocortisone Thats has opened co for arms up & drainage. rev in 4 days dark spots on both arm about the size of a lime. & itching A. sore & rash	p. triple ant. ex for sore. Keep bottom clear & Hydrocortisone rev in 4 days
5-11-96 8 AM	NSC Lock down Re. sore & rash S.I. "I'm OK. just leave me alone" O.I. I/m doesn't want to get out of bed for nurse to see area. A. Resolved sore & rash	E. Fred 9 PM P. Await further need
		D. Avery 11 PM

DC 7147 (3-84)
B 424-0017

Facility

Bmeco

Inmate's Name

Reed, L.

Inmate's Number

B28789

[illegible]

DC 7167 (2-84)
E 421-0017

$\frac{1}{\sqrt{\pi}} \int_{-\infty}^{\infty} f(x) \delta(x-a) dx = f(a)$

MENTAL HEALTH EVALUATION

NAME: REED, Lenn

NUMBER: B28789

DATE: 6/27/95

REASON FOR REFERRAL: Mr. Reed is being processed through the R&C Unit at Graham.

SUBJECTIVE DATA: Mr. Reed states he is presently incarcerated for aggravated discharge of a firearm and has been given a four year sentence. Reed stated he "shot a guy in a house". He states he was accused of doing it and he reports that he did not perpetrate the crime. Mr. Reed was previously convicted of aggravated battery but denies juvenile criminality. Mr. Reed is thought to have average intelligence with no formalized thought disorders nor emotional defects being noted. He was oriented to time, place and person.

OBJECTIVE DATA AND HISTORY: Mr. Reed is a single male. He claims a girlfriend of two years. He has fathered two children. His parents are alive but divorced with both parents being the primary caretakers. He denies his parents being substance abusers or displaying any abusive behavior towards him while he was living in that family unit.

Mr. Reed claims average academic skills and did not require any special education programming. He completed the 11th grade but dropped out for no apparent reason. He did not display any aggressive behavior while in school nor use drugs or alcohol.

Mr. Reed denies any work history.

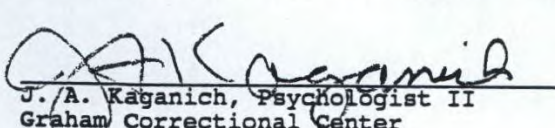
Mr. Reed has used marijuana and occasionally alcohol. He has not submitted himself to any substance abuse counseling while in the free community. He denies any mental treatment or previous suicide attempts.

DIAGNOSIS (provisional/final)

AXIS I: Deferred

AXIS II:

SUMMARY AND TREATMENT PLAN: (6/27/95) Mr. Reed states he is presently incarcerated for aggravated discharge of a firearm and has been given a four year sentence. Reed stated he "shot a guy in a house". He states he was accused of doing it and he reports that he did not perpetrate the crime. Mr. Reed was previously convicted of aggravated battery but denies juvenile criminality. Mr. Reed is thought to have average intelligence with no formalized thought disorders nor emotional defects being noted. He was oriented to time, place and person. Mr. Reed does not have a high school diploma, therefore, academic and vocational programming is being recommended. He has used marijuana and alcohol on an occasional basis and is being recommended for substance abuse counseling.


J. A. Kaganich, Psychologist II

Graham Correctional Center

rlt

DCA 7157 (8/1/87)

IL 426-10643

DATE: 6/27/95

STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS

Name/Student Name

Name/Student I.D.#

Reception Facility

Panorex

☐ Schedule immediately at R&C☒ Schedule routine exam at receiving institution☐ Schedule immediately at receiving institution

Screening

DDS sig

Darlene L Clark DMD

Public Health Classification Screening Dates

Pathology

Dentodontics

Oral Surgery

Periodontics

Preventive

Prosthetic

Receiving Inst.

Dentist

Date

MEDICAL HISTORY AND REMARKS

Yes No Current Medication

Cardio Vascular Disease

Pulmonary Disease/Asthma

Diabetes

Epilepsy

Gout

Hepatitis

I.D. (Type)

Illnesses (Type)

ADULT

EXISTING RESTORATIONS & MISSING TEETH

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Existing Restorations and Missing Teeth

Treatment Needed and Completed Restorations

TREATMENT NEEDED - COMPLETED RESTORATIONS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Date	Service Rendered	D.D.S. Signature	Date	Service Rendered	D.D.S. Signature
JUN 27 1995 8/8/55	R & C Exam, Penty No extra to do now	[Signature]			
8/8/55	Exam - No Anest to Mrs. Quastad	[Signature]			
11/14/95 2:30pm	Good Anest. DENTIST NOTE Examination done prior to publuc. Pt. desire filling leave as checked. will schedule apt for filling.	[Signature] [Signature]			
DENTIST NOTE					
12/7/95 1:50pm	No show for appt - will reschedule.	[Signature]			
1/9/95 10:30am	Temp 26 bido elap 11/10/95 band done #2 + 3, bit and done #51 fluid apical, capabilit analgem.	[Signature] [Signature]			

CORNING Clinical
Laboratories
 South Central Division

 2320 SCHUETZ RD. • ST. LOUIS, MO 63146-3417
 (314) 991-1311 • FAX (314) 997-7112 • (800) 288-7293

 GRAHAM CORRECTIONAL CTR 04097 IML
 REGULAR ACCT
 BOX 499 RT 185
 HILLSBORD, IL 62049

PATIENT

REED, LENN

FINAL REPORT

X

 Gerald R. Pittman, MD.
 Medical Director

 SEX AGE PATIENT ID
 M 18 B28789

 DRAWN DATE & TIME
 22-JUN-95 19:00

PARTIAL REPORT

Medicare No. 26L0008222

 SPECIMEN NO. HOSP. NO.
 E0211762

 DOCTOR
 JOHN PAUL JONES

 RECEIVED DATE
 23-JUN-95

 REQUISITION NO.
 V970645

COMMENTS

REPORT DATE & TIME

24-JUN-95 08:22

TEST NAME	RESULTS		UNIT OF MEASURE	REFERENCE RANGE
	OUTSIDE REFERENCE RANGE	WITHIN REFERENCE RANGE		
=CBC (INCLUDES DIFF) - ADJUSTED NORMALS = A (AGE) & S (SEX)=				
PLATELET COUNT		180	THOU/CU MM	150-400 (A)
WBC (WHITE BLOOD CELLS)		6.5	THOU/CU MM	4.0-10.0 (A)
RBC (RED BLOOD CELLS)		5.64	MIL/CU MM	4.6-6.2 (A&S)
HEMOGLOBIN		15.8	GM/DL	14.0-18.0 (A&S)
HEMATOCRIT		46.7	%	40-52 (A&S)
MCV (MEAN CORPUSCULAR VOL.)		83	CU MIC	80-100 (A&S)
MCH (MEAN CORPUSCULAR HGB)		28.1	PG	27-34 (A)
MCHC		33.9	%	32.0-37.0 (A)
SEGS		55	%	40-75
LYMPHS		35	%	20-45
MONOS		5	%	2-14
EOS		4	%	0-8
BASO		1	%	0-2
RDW (RBC DISTRIBUTION WIDTH)		12.9	%	11.5-15.0
MPV (MEAN PLATELET VOLUME)		9.4	FL	6.0-10.0
* SICKLE CELL SCREEN		NEGATIVE		NEGATIVE
* SICKLE CELL SCREEN (FLEX)		NEGATIVE		NEGATIVE
=== URINALYSIS-COMplete ===				
COLOR		YELLOW		
APPEARANCE		CLEAR		CLEAR
PH		6.0		5.0-8.0
SPECIFIC GRAVITY		1.021		1.001-1.035
KETONES (UR-QL)		NEGATIVE		NEGATIVE
PROTEIN		NEGATIVE		NEGATIVE
GLUCOSE		NEGATIVE		NEGATIVE
BLOOD (OCCULT)		NEGATIVE		NEGATIVE
BILIRUBIN		NEGATIVE		NEGATIVE
WBC		0-5	/HPF	0-5
RBC		0-2	/HPF	0-2
BACTERIA		NEGATIVE		
EPITHELIAL CELLS		0		0-5
CRYSTALS-TYPE		NONE SEEN		
AMOUNT		NONE SEEN		

11-1 (1-95)

REED, LENN

Continued on page: 2

**Procedure For Obtaining Health Care
Graham Correctional Center**

IF YOU HAVE A MEDICAL PROBLEM, obtain a request slip from the officer in your housing unit. Fill the slip out, stating the nature of your medical problem. Place the request slip in the mail box in your housing unit. Your request will be reviewed by Health Care Staff. You will be scheduled to see a doctor or nurse depending upon the nature of your problem.

IF YOU HAVE A DENTAL PROBLEM, obtain a request slip from the officer in your housing unit. Fill the slip out, stating the nature of your dental problem. Place the request slip in the mail box in your housing unit. Your request will be reviewed by dental staff. You will be scheduled to see the dentist or placed on a waiting list, depending upon the nature of your problem.

IF YOU BELIEVE YOU NEED EYE GLASSES, obtain a request slip from the officer in your housing unit. Fill the slip out, stating the nature of your request for eye glasses. Your request will be reviewed by Health Care Staff. You will be scheduled to see the eye doctor who will evaluate your need for glasses. R & C inmates will not have glasses fabricated at Graham unless ordered by the medical director.

IF YOU HAVE AN EMERGENCY MEDICAL PROBLEM, or become aware of someone else with an emergency medical problem, alert the officer in your housing unit, job supervisor, or nearest staff member to the emergency situation. (Ex: chest pain, difficulty breathing, seizure, unconsciousness, bleeding injury, or severe pain.) The staff person will then alert the Health Care Unit to the emergency. Appropriate action will be taken by Health Care Unit personnel depending upon the nature of the emergency situation.

Lenny Ruel
Inmate Signature

JUN 22 1995
Date

Hal
Witness

JUN 22 1995
Date

DC 10,879 IL 426-18,400 (eff. 5/93)

AIDS INFORMATION

Aids is Acquired Immune Deficiency Syndrome. It is caused by HIV; a virus that weakens the body's defense against disease.

HIV is spread mainly 1. Through vaginal, oral, or anal intercourse with an infected person. 2. By sharing an infected needle or syringe "works" to "shoot drugs". 3. From an infected mother to her baby before, during, or after birth (through breast feeding).

HIV may also be spread:

1. Through infected blood or blood products.
2. By sharing and infected tattoo needle.
3. By sharing a razor or other personal care item that has blood on it.

Your risk depends on what you do!

HIV is not spread by casual contact: not by shaking hands; not by using the same restrooms, toilet seats, water fountains, or showers; not by eating in the dining hall or through food trays, cups, or utensils; not by coughing sneezing, or spitting; (HIV is not spread through the air); not by mosquitoes or other insects.

A person infected with HIV may have no signs of illness for many years, but he or she can still infect others.

Later symptoms may include:

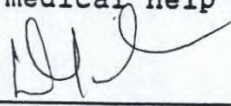
1. Swollen Glands in the neck, underarm or groin area.
2. Persistent fever or "night sweats".
3. Rapid weight loss.
4. Constant tiredness.
5. Persistent diarrhea and loss of appetite.
6. Unusual spots in the mouth.

If you have any of these signs for more than a week, seek medical help.

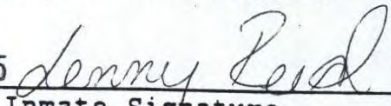
There is still no known cure for AIDS, but treatments and medications are used to slow the progression of the disease and fight illnesses related to AIDS.

To protect yourself:

1. Don't use drugs.
2. Don't share needles, syringes, "works".
3. Don't share tattoo needles, razors, or personal care items that might have blood on them.
4. Have sex with only one faithful partner who is not infected with HIV and has never shot drugs.
5. Seek medical help if you think you are infected.


Employee Signature

JUN 22 1995
Date


Inmate Signature

JUN 22 1995
Date

9/93

DCA 10,883 IL 426-18,649 (eff. 10/93)

HIV PRECOUNSELLING PATIENT EDUCATION FORM

The institutional physician has ordered a HIV (Human Immunodeficiency Virus) test be conducted on you. The purpose of the test is to determine whether or not you have the virus which causes AIDS (Acquired Immunodeficiency Syndrome).

The physician has request you be tested for the following reasons (applicable only if marked):

- ☐ You gave a history of I.V. drug abuse and needle sharing.
- ☐ You gave a history of sexual contact or sharing of needles with a person known to have AIDS.
- ☐ You have a Tuberculosis skin test reacting 2mm or more.
- ☐ You have tested positive for syphilis.
- ☐ You display signs and/or symptoms consistent with persons having the AIDS virus.
- ☒ (Other) HK. STD

This test will be done by withdrawing a blood sample from you.

If positive, the results of the test will be reported to the Illinois Department of Public Health, however, neither your name nor any other form of identification will be reported.

Test results will be kept confidential. Only physicians and health care professionals providing your care will have access to the test results. No other persons will have access to the test results without your written consent.

Please ask the nurse assisting you any questions you may have or clarification on anything you do not understand.

After reading and understanding the above information, I consent to HIV testing.

Inmate Jimmy Reed # B28789 Date 7-3-95
Witness J. Miller RN Date 7-3-95

DCA 10,864 IL 426-17,682 (eff. 4/92)

B28789

REED, LENN

(A - S)

ALLERGIES: NKA

12.30.94 17 yr old B/M seen for screening. No known allergies to medication. States in good health & no medication taken at present time. (R) ankle injury - old injury no problem. % dental problems & ✓ (L) + (R) molders. Start on: PEN VK 500mg + Dacovet N 100 + TID until dentist. Put on dental list ———— Amazin LPW

1-3-95 Out to dentist 1- Xray #19 needs pulled

1.) Continue above meds

2.) appt: Tuesday, January 10, 1995

Kilrapeal

1/10/95 At dentist @ time of Dr. visit ———— Clau H

1/10/95 Out to dentist & returned - #19 extracted - Is return for, 2/4/95 for for ext. #30. ———— Clau H

1-11-95

17 AM - surgery

- Hosp

- Dental prob

- alc / drugs

- pen + MD care / med

- HTN / DM / segun

- general health good

✓ Kd

CP

1-17-95 Out to dentist extracted #30

1.) Cont meds x 3 days

Kilrapeal

3/14/95 Referred to come to injury for doc. visit. ———— Clau H

RECORD OF MEDICAL TREATMENT

(For outside treatment of prisoner)

EMERGENCY _____

NON-EMERGENCY XDate: 1-17-95Time: 9 AMPrisoner's Name: Lenn Reed

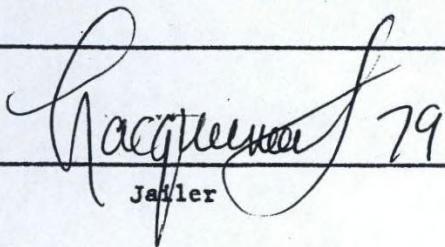
Person Authorizing Treatment: _____

Deputy Assigned: Lacquement - ColoneBrief statement of prisoner's complaint or injury: toothacheBrief statement of treatment received: extracted tooth

#30

Name of physician treating prisoner: Dr. MuellerDate and time returned to jail: 1-17-95 1100 AM

Remarks: _____


Jailor

Shift Commander

SD-41

File in Triplicate
Original-County Physician
Copy - - Sheriff's Office
Copy - - Jail Office

RECORD OF MEDICAL TREATMENT

(For outside treatment of prisoner)

EMERGENCY _____

NON-EMERGENCY _____

Date: 1-3-95Time: 1110 AMPrisoner's Name: Lenn Reed

Person Authorizing Treatment: _____

Deputy Assigned: Harquemet - PapaBrief statement of prisoner's complaint or injury: toothacheBrief statement of treatment received: 1 xray - tooth #19

Name of physician treating prisoner: _____

Date and time returned to jail: _____

Remarks: Needs to keep on antibiotics
for another wk. Make new
Appt. Slip of 1-10-95 9AMHarquemet 79
Jailer

Shift Commander

SD-41

File in Triplicate
Original-County Physician
Copy - - Sheriff's Office
Copy - - Jail Office

STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS

FOOD HANDLERS QUESTIONNAIRE AND REPORT

FACILITY NAME GCC		
RESIDENT NAME Reed Jenn	RESIDENT NUMBER B28789	DATE 7/14/95

HEPATITIS	DATE
TYPHOID	DATE
SYPHILIS	DATE
RASH, ULCERATION OR SKIN DISORDER	None
DIARRHEA	
VENEREAL DISEASE OTHER THAN SYPHILIS (SPECIFY)	

TUBERCULIN	DATE 6/25/95	RESULT 0 mm
RPR	DATE 6/23/95	RESULT NR
CHEST X-RAY	DATE	RESULT

REMARKS:

☒ Is eligible and approved.☐ Is not eligible and not approved.

PHYSICIAN SIGNATURE

W/A R Jones / Dr

M.D.

DC-7109 1-A

IL NO 426-0030

State of Illinois — Department of Corrections

Refusal Of Treatment And/Or Discharge Demand From Medical Facilities Release

Graham Correctional Center

Inmate's Name: BeedInmate's Number: B28789Date: 8/8/55Time: 9:15 AM1. I refuse to authorize the performance upon: Beed

(Myself or Name of Patient)

of the following treatment (State Nature and Extent of Treatment): All Dental &2. I further demand Discharge of: Beed

(Myself or Name of Patient)

from Graham Correctional Center Health Care Unit against the advise of Dr. Clark3. Dr. Clark has explained to me the risks, possible complications and probable consequence of refusing treatment (and/or) demanding discharge from this medical facility.

4. I hereby release the attending Physician, Health Care Unit, Graham Correctional Center and the Department of Corrections from all liability for any injury to my health caused by this action.

5. I certify that I have read and fully understand the above **Refusal of Treatment and/or Discharge from Medical Facilities Release**, that the explanations therein referred to were made, and that all blanks or statements requiring insertion or completion were filled in and inapplicable paragraphs, if any, were stricken before I signed.K. L. Huse

Witness

Jimmy Beed B28789

Signature of Patient

8/8/55

Date

When patient is a Minor or incompetent to give consent: _____

Signature of person authorized to consent for patient



Jim Edgar
Governor

Odie Washington
Director

Graham Correctional Center / P.O. Box 499 / Highway 185 / Hillsboro, Illinois 62049 / Telephone (217)532-6961
TDD: (800) 526-0844

M E M O R A N D U M

DATE:

TO:

FROM: Patti White, PSA
Health Care Unit

SUBJECT: EXPOSURE TO ACTIVE PULMONARY TUBERCULOSIS

Inmate Len Reed # 028789 may have been exposed to a case of active tuberculosis between 8/1/95 and 9/20/95. PPD testing is to be repeated 12/13/95. If there is a documented previously positive PPD the inmate is to be counselled on the signs and symptoms of tuberculosis. He is to be instructed to seek medical care if any of these occur.

Please advise Judy Coe of the results of this testing.

Thank you.

PW:sgs

SOUTHWESTERN ILLINOIS CORRECTIONAL CENTER
HEALTH CARE UNIT

I have received orientation to the Health Care Unit and information on the following:

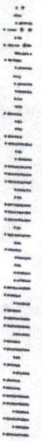
1. HIV Disease
2. Patient Rights
3. Living Wills

I understand the explanation of services available and how to access the Health Care Unit.

Name: Lenn Reid Number: 1328789

Witness: Greg Johnson Date: 10-20-95

Big Muddy
Medical Rec
251 N 12 Hwy 37
Ma, IL 62846



Confidential

Loevy and loevy
311 N. Aberdeen, 3rd floor
Chicago, IL 60607



U.S. MAIL
ZIP 62846 \$002
02 4M
0000379096 SEP 22



Illinois Department of Corrections

CERTIFICATION OF RECORD

The Illinois Department of Corrections Archives and Microfilm division duly authorized the enclosed records pertaining to Lenn Reed, DOB- 05/11/1977, IDOC# B28789 are certified to be true and accurate copies from the Illinois Department of Corrections offender file.

A handwritten signature in black ink, appearing to read "Quinn I Naugle", with a long horizontal flourish extending to the right.

Quinn I Naugle

Office Associate

OERRM212

AS OF DATE : 9/10/2021

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM
OFFENDER CUSTODY HISTORYPAGE: 1
RUN DATE: 9/10/2021
RUN TIME: 3:06:24 PM

NAME :LENN REED IDOC # :B28789
DATE OF BIRTH :5/11/1977 CURRENT STATUS :DISCHARGE
CURRENT LOCATION :DISCHARGE:DISCHARGE

RECORDED PERIODS OF IDOC INCARCERATION

MVMT DATE	MVMT TYPE	PARENT INST
1/9/2019	DISCHARGE OUT	LAWRENCE
9/24/1998	ADMIT IN	GRAHAM
6/6/1998	DISCHARGE OUT	BIG MUDDY RIVER
6/6/1996	PAROLE OUT	BIG MUDDY RIVER
6/22/1995	ADMIT IN	GRAHAM

MITT/SENTENCE INFORMATION

96CF1959	MADISON	AGG VEH HIJACKING/WEAPON - 00100665498
MITT ADMIT: 9/24/1998		SENT DATE: 9/22/1998
96CF1959	MADISON	MURDER/INTENT TO KILL/INJURE - 07350005502
MITT ADMIT: 9/24/1998		SENT DATE: 9/22/1998
94CF2245	MADISON	AGGRAVATED DISCHARGE/FIREARM - 12148005055
MITT ADMIT: 6/22/1995		SENT DATE: 5/22/1995

CLASS	YR	MO	DAY
CL: X	30	0	0
DISC/REM DATE: 3/4/2020			
CL: M	60	0	0
DISC/REM DATE: 3/4/2020			
CL: 1	4	0	0
DISC/REM DATE: 6/6/1998			

-* THE CUSTODY HISTORY REPRESENTED IN THIS DOCUMENT IS TAKEN FROM THE ELECTRONIC RECORDS MAINTAINED IN THE ILLINOIS DEPARTMENT OF CORRECTIONS BASED ON MASTER FILE PAPER RECORDS. MASTER FILES FOR EACH OFFENDER ARE CURRENTLY KEPT IN STORAGE AT DIFFERENT ILLINOIS DEPARTMENT OF CORRECTIONS FACILITIES AROUND THE STATE BASED ON THE LOCATION OF THE OFFENDER UPON REACHING DISCHARGE FOR THAT INCARCERATION FROM THE ILLINOIS DEPARTMENT OF CORRECTIONS. THE ELECTRONIC CUSTODY HISTORY DOCUMENT WAS CREATED IN AN EFFORT TO PROVIDE AN OVERVIEW OF THE CUSTODY HISTORY OF AN OFFENDER, TO PROCESS THE REQUEST MORE EFFICIENTLY, TO CUT THE COSTS, AND TO IMPROVE THE HANDLING TIME.

RECORD OFFICER/DESIGNEE:

UserID: Quinn Naugle

AO 88B (Rev. 02/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action

B28789

UNITED STATES DISTRICT COURT *2019 Lawrence*
for the
Southern District of Illinois *Discharge*

Lennisha and Lenn Reed Jr

Plaintiff
v.
Wexford Health Sources, Inc., et al

Defendant

Civil Action No. 20-cv-1139

1998 BMR
Discharge
L9163

SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

To: Illinois Department of Corrections, Attn: Records Department
1301 Concordia Court, Springfield, IL 62701

(Name of person to whom this subpoena is directed)

☒ **Production:** YOU ARE COMMANDED to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and to permit inspection, copying, testing, or sampling of the material: Complete masterfile; all medical records; all grievances and responses thereto.

Place: Loevy & Loevy 311 N. Aberdeen, 3rd Floor Chicago, IL 60607	Date and Time: 09/16/2021 5:00 pm
---	--------------------------------------

☐ **Inspection of Premises:** YOU ARE COMMANDED to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.

Place:	Date and Time:
--------	----------------

The following provisions of Fed. R. Civ. P. 45 are attached – Rule 45(c), relating to the place of compliance; Rule 45(d), relating to your protection as a person subject to a subpoena; and Rule 45(e) and (g), relating to your duty to respond to this subpoena and the potential consequences of not doing so.

Date: 08/26/2021

CLERK OF COURT

OR

Signature of Clerk or Deputy Clerk

/s/ Steve Weil

Attorney's signature

The name, address, e-mail address, and telephone number of the attorney representing (name of party) Plaintiffs
Lennisha and Lenn Reed Jr. administrators of the Estate of Lenn Reed, who issues or requests this subpoena, are:
311 N Aberdeen, 3rd Floor, Chicago, IL 60607 weil@loevy.com 312-243-5900

Notice to the person who issues or requests this subpoena

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

AO 88B (Rev. 02/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action (Page 2)

Civil Action No. 20-cv-1139

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)

I received this subpoena for (name of individual and title, if any) Plaintiffs
on (date) 08/26/2021

☒ I served the subpoena by delivering a copy to the named person as follows: via certified mail
tracking number: 7020 1290 0000 8284 6641
on (date) 08/26/2021 ; or

☐ I returned the subpoena unexecuted because: _____

Unless the subpoena was issued on behalf of the United States, or one of its officers or agents, I have also
tendered to the witness the fees for one day's attendance, and the mileage allowed by law, in the amount of
\$ _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: 08/26/2021

/s/ Lucia Heppner

Server's signature

Lucia Heppner, paralegal

Printed name and title

311 N Aberdeen, 3rd Floor
Chicago, IL 60607

Server's address

Additional information regarding attempted service, etc.:

AO 88B (Rev. 02/14) Subpoena to Produce Documents, Information, or Objects or to Permit Inspection of Premises in a Civil Action(Page 3)

Federal Rule of Civil Procedure 45 (c), (d), (e), and (g) (Effective 12/1/13)

(c) Place of Compliance.

(1) *For a Trial, Hearing, or Deposition.* A subpoena may command a person to attend a trial, hearing, or deposition only as follows:

(A) within 100 miles of where the person resides, is employed, or regularly transacts business in person; or

(B) within the state where the person resides, is employed, or regularly transacts business in person, if the person

(i) is a party or a party's officer; or

(ii) is commanded to attend a trial and would not incur substantial expense.

(2) *For Other Discovery.* A subpoena may command:

(A) production of documents, electronically stored information, or tangible things at a place within 100 miles of where the person resides, is employed, or regularly transacts business in person; and

(B) inspection of premises at the premises to be inspected.

(d) Protecting a Person Subject to a Subpoena; Enforcement.

(1) *Avoiding Undue Burden or Expense; Sanctions.* A party or attorney responsible for issuing and serving a subpoena must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. The court for the district where compliance is required must enforce this duty and impose an appropriate sanction—which may include lost earnings and reasonable attorney's fees—on a party or attorney who fails to comply.

(2) *Command to Produce Materials or Permit Inspection.*

(A) *Appearance Not Required.* A person commanded to produce documents, electronically stored information, or tangible things, or to permit the inspection of premises, need not appear in person at the place of production or inspection unless also commanded to appear for a deposition, hearing, or trial.

(B) *Objections.* A person commanded to produce documents or tangible things or to permit inspection may serve on the party or attorney designated in the subpoena a written objection to inspecting, copying, testing, or sampling any or all of the materials or to inspecting the premises—or to producing electronically stored information in the form or forms requested. The objection must be served before the earlier of the time specified for compliance or 14 days after the subpoena is served. If an objection is made, the following rules apply:

(i) At any time, on notice to the commanded person, the serving party may move the court for the district where compliance is required for an order compelling production or inspection.

(ii) These acts may be required only as directed in the order, and the order must protect a person who is neither a party nor a party's officer from significant expense resulting from compliance.

(3) *Quashing or Modifying a Subpoena.*

(A) *When Required.* On timely motion, the court for the district where compliance is required must quash or modify a subpoena that:

(i) fails to allow a reasonable time to comply;

(ii) requires a person to comply beyond the geographical limits specified in Rule 45(c);

(iii) requires disclosure of privileged or other protected matter, if no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) *When Permitted.* To protect a person subject to or affected by a subpoena, the court for the district where compliance is required may, on motion, quash or modify the subpoena if it requires:

(i) disclosing a trade secret or other confidential research, development, or commercial information; or

(ii) disclosing an unretained expert's opinion or information that does not describe specific occurrences in dispute and results from the expert's study that was not requested by a party.

(C) *Specifying Conditions as an Alternative.* In the circumstances described in Rule 45(d)(3)(B), the court may, instead of quashing or modifying a subpoena, order appearance or production under specified conditions if the serving party:

(i) shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship; and

(ii) ensures that the subpoenaed person will be reasonably compensated.

(e) Duties in Responding to a Subpoena.

(1) *Producing Documents or Electronically Stored Information.* These procedures apply to producing documents or electronically stored information:

(A) *Documents.* A person responding to a subpoena to produce documents must produce them as they are kept in the ordinary course of business or must organize and label them to correspond to the categories in the demand.

(B) *Form for Producing Electronically Stored Information Not Specified.* If a subpoena does not specify a form for producing electronically stored information, the person responding must produce it in a form or forms in which it is ordinarily maintained or in a reasonably usable form or forms.

(C) *Electronically Stored Information Produced in Only One Form.* The person responding need not produce the same electronically stored information in more than one form.

(D) *Inaccessible Electronically Stored Information.* The person responding need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or for a protective order, the person responding must show that the information is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) *Claiming Privilege or Protection.*

(A) *Information Withheld.* A person withholding subpoenaed information under a claim that it is privileged or subject to protection as trial-preparation material must:

(i) expressly make the claim; and

(ii) describe the nature of the withheld documents, communications, or tangible things in a manner that, without revealing information itself privileged or protected, will enable the parties to assess the claim.

(B) *Information Produced.* If information produced in response to a subpoena is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has; must not use or disclose the information until the claim is resolved; must take reasonable steps to retrieve the information if the party disclosed it before being notified; and may promptly present the information under seal to the court for the district where compliance is required for a determination of the claim. The person who produced the information must preserve the information until the claim is resolved.

(g) *Contempt.*

The court for the district where compliance is required—and also, after a motion is transferred, the issuing court—may hold in contempt a person who, having been served, fails without adequate excuse to obey the subpoena or an order related to it.

For access to subpoena materials, see Fed. R. Civ. P. 45(a) Committee Note (2013).

STATE OF ILLINOIS
DEPARTMENT OF CORRECTIONS
B-28789
Alias

B-28789
B-28789

NAME LENN D REED
Date Sentenced 05/22/95
Received 06/22/95 County MADISON
Judge State's Attorney

CRIME	CLASS	IND. NO.	FINDING	CUSTODY DATE	SENTENCE
AGGR DISCHARGE OF A FIREARM	(01) 1	94CF2245	CC	01/08/95	4 ys

Nationality Preference BLK DOB 05/11/77 Hair BLK Eyes BRN
Nativity IL Ht. 509 Wt. 154 Bld. Comp.
Marital Status SINGLE Children 02 Educ. 11 Relig. NONE Soc. Sec. (MOTHER)
REED, JOYCE 914 RILEY ALTON, IL 618-463-0319

Correspondent

Transfers *John E. Doe 7/13/98*
Rec'd Swisco 10-18-95

WARRANTS

DISCHARGED

Notice Replies

Minimum/Projected Out Date *10-6-96*
~~01/08/1997~~

Maximum Release Date 01/08/1999

PAROLE/MANDATORY SUPERVISED RELEASE RECORD

Paroled *6-6-96* *MSR*
ASU
Joyce Reed-Mother
914 Riley St,
Alton, IL 62002
618-463-0311

Ret'd from Parole

P. V. Warrant Issued

Parole/MSR Period Final Discharge *10-6-98*

DC 7145
11-78

NAME	Lenn D. Reed	REGISTER NUMBER	B28789
ORIGINAL MINIMUM/PROJECTED OUT DATE	1-8-97		
MAXIMUM RELEASE DATE	1-8-99	CUSTODY DATE	1-8-95

[illegible]

FROM BIG MUDDY RIVER C.C.
REED, LENN D.
NAME

DATE JUNE, 1996 DOCKET
I.D. # B28789

STATE OF ILLINOIS

TO:

PRISONER REVIEW BOARD

BOARD ACTION:

☒ Mandatory Supervised Release Approved Effective When Eligible.☐ Released Prior to Hearing.Date: 06-12-96 ☐ Statutory Parole Approved.

YOU ARE OBLIGATED TO THE GENERAL RULES GOVERNING PAROLEES OR MANDATORY SUPERVISED RELEASEES
AND THE FOLLOWING SPECIAL ORDER(S):

CONDITIONS

- 1 ☐ Participate in a Drug Abuse Program.
- 2 ☐ Participate in an Alcohol Abuse Program.
- 3 ☐ Admit yourself to inpatient mental health treatment at a facility of the Department of Mental Health and remain there until released by the Department of Mental Health.
- 4 ☐ Submit yourself to out-patient care as prescribed by a Mental Health Clinic.
- 5 ☒ Report to an agent of the Department of Corrections for supervision and permit the agent to visit you at your home or elsewhere as he directs.
- 6 ☐ Other: _____

FOR THE BOARD:

[Signature]

[Signature]

Clinical Services Recommendation for Release:

☒ No special Recommendation☐ Recommend _____
be a part of the Release Agreement.

COMMENT: (Attach PCR if desired) _____

DISTRIBUTION:

WHITE — BOARD
CANARY — INSTITUTION FILE
PINK — RESIDENT
GOLDENROD — FIELD OR CLINICAL SERVICES

IL 578-0023 (Rev. 10/91)

[Signature] COUNSELOR
[Signature] SUPERVISOR



Jim Edgar
Governor

Odle Washington
Director

1301 Concordia Court / P.O. Box 19277 / Springfield, IL 62794-9277 / Telephone: (217) 522-2666
TDD: (800) 526-0844

MEMORANDUM

Date: May 9, 1996

To: Odle Washington, Director
Attention: Transfer Coordinator

From: Big Muddy River C.C.

Subject: **SUPPLEMENTAL MERITORIOUS GOOD TIME**

Name: REED, LENN D. IDOC Number: B28789

Offense(s): Agg. Discharge of Firearm Sentence: 4 yrs

Projected Release Date: 09/06/96 Work Release Violation Date: _____

Date Received at Institution: 02/28/96 Parole Violator: ☐ Yes ☒ No Outstanding Time Revoked: 0

Date Received IDOC: 06/22/95 Inmate's Present Location: Big Muddy River C.C.

Prior MGT Awarded

Prior MGT Awarded

Prior SMGT Awarded

Date: 02/01/96 Amount: 90 days Date: _____ Amount: _____ Date: _____ Amount: _____

Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____

Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____

THE FOLLOWING CRIMES ARE EXCEPTIONS TO ANY CONSIDERATION FOR AN AWARD OF SUPPLEMENTAL MERITORIOUS GOOD TIME.

1. First Degree Murder 2. Reckless Homicide While Under the Influence of Alcohol or Any Other Drug 3. Aggravated Kidnapping
4. Kidnapping 5. Aggravated Criminal Sexual Assault 6. Rape 7. Criminal Sexual Assault 8. Deviate Sexual Assault
9. Aggravated Criminal Sexual Abuse 10. Aggravated Indecent Liberties With a Child 11. Indecent Liberties With a Child
12. Child Pornography 13. Heinous Battery 14. Aggravated Battery of a Spouse 15. Aggravated Battery of a Spouse with a Firearm
16. Aggravated Battery of a Child 17. Endangering the Life or Health of a Child 18. Cruelty to a Child 19. Narcotics Racketeering
20. Stalking 21. Aggravated Stalking

In accordance with D.R. 107, I recommend that 90 days of Meritorious Good Time be awarded to the above named committed person for the reasons stated below.

Months considered: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Days:

45 Program Completion Orientation

45 Job Performance Dietary Dept.

 Behavior Record _____

 Other _____

Comments: _____

Submitted by: Anthony Eovaldi, C.C. II 5/9/96
Date

Chief Administrative Officer: [Signature] 5-9-96
Date

In accordance with Illinois Compiled Statutes, 730 ILCS 5/3-6-3, paragraph 1003-6-3, I have determined to award 90 days of Supplemental Meritorious Good Time.

[Signature]
Odle Washington, Director

5-13-96
Date

IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

THE PEOPLE OF THE STATE OF ILLINOIS

vs.

LENN D. REED
B/M DOB: 5/11/77
33 Sullivan Drive
Alton, IL

FILED

JAN 12 1995

Defendant
CLERK OF CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

No. 94-CF-2245
COUNT I - CLASS 1
COUNT II - CLASS 4

INDICTMENT

On this 12th day of January, 1995, the Grand Jury, chosen, and sworn for the County of Madison, in the name and by the authority of the People of the State of Illinois, charges that:

LENN D. REED

on the 26th day of December, 1994, at and in the County of Madison, in the State of Illinois, committed the offense of:

COUNT I - AGGRAVATED DISCHARGE OF A FIREARM — in that said defendant knowingly discharged a firearm in the direction of another person or in the direction of a vehicle, being a 1978 Chevrolet Van, which said defendant knew to be occupied, in violation of 720 ILCS 5/24-1.2(a)(1), and against the peace and dignity of the People of the State of Illinois.

COUNT II - MOB ACTION — in that said defendant knowingly and by use of force and violence disturbed the peace, in that he, while acting together with Michael R. Rippley and Richard E. Pittman and without authority of law discharged a firearm, thereby inflicting injury upon Mariasha A. Samuels,

in violation of 720 ILCS 5/5/25-1(a)(1), and against the peace and dignity of the People of the State of Illinois.

A TRUE BILL

Glenn Bequeth Jr.
For person of the Grand Jury

The within indictment returned in open court this 12th of January, 1995.

Bail set at \$ *50,000.00*. Warrant of Arrest ordered to issue.

Charles R. [Signature]
Judge of the Circuit Court

WITNESSES: Detectives Bill Taul & Jerry Cooley, Alton Police Dept.



ILLINOIS
DEPARTMENT
OF
CORRECTIONS

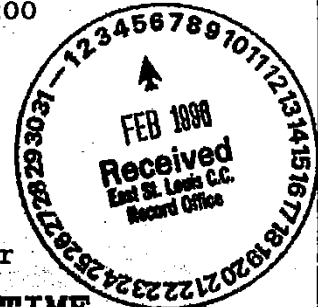
Jim Edgar
Governor

Odie Washington
Director

Southwestern Illinois Correctional Center / 950 Kingshighway / P.O. Box 50 / East St. Louis, Il. 62203-9998
Telephone: (618) 394-2200

M E M O R A N D U M

DATE: January 29, 1996
TO: Odie Washington, Director
Attention: Transfer Coordinator
FROM: Southwestern Illinois Correctional Center
SUBJECT: **SUPPLEMENTAL MERITORIOUS GOOD TIME**



Name: Lenn D. Reed IDOC Number: B28789
Offense(s): Agg. Discharge Firearm Sentence: 4 Years
Projected Release Date: 12-6-96 Work Release Violation Date: N/A
Date Received at Institution: 10-18-95 Parole Violator: Yes X No Outstanding Time Revoked: N/A
Date Received IDOC: 6-22-95 Inmate's Present Location: Southwestern Illinois Correctional Center

PRIOR MGT AWARDED		PRIOR MGT AWARDED		PRIOR SMT AWARDED	
Date: <u>0</u>	Amount: <u>90</u>	Date: _____	Amount: _____	Date: _____	Amount: _____
Date: _____	Amount: _____	Date: _____	Amount: _____	Date: _____	Amount: _____
Date: _____	Amount: _____	Date: _____	Amount: _____	Date: _____	Amount: _____

THE FOLLOWING CRIMES ARE EXCEPTIONS TO ANY CONSIDERATION FOR AN AWARD OF SUPPLEMENTAL MERITORIOUS GOOD TIME.

1. First Degree Murder 2. Reckless Homicide While Under the Influence of Alcohol or Any Other Drug 3. Aggravated Kidnapping 4. Kidnapping 5. Aggravated Criminal Sexual Assault 6. Rape 7. Criminal Sexual Assault 8. Deviate Sexual Assault 9. Aggravated Criminal Sexual Abuse 10. Aggravated Indecent Liberties With a Child 11. Indecent Liberties With a Child 12. Child Pornography 13. Heinous Battery 14. Aggravated Battery of a Spouse 15. Aggravated Battery of a Spouse with a Firearm 16. Aggravated Battery 17. Endangering the Life or Health of a Child 18. Cruelty to a Child 19. Narcotics Racketeering 20. Stalking 21. Aggravated Stalking

In accordance with D.R. 107, I recommend that 90 days of Meritorious Good Time be awarded to the above named committed person for the reasons stated below.

Months considered: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Days:

Comments:

45 Program Completion Substance Abuse Program Submitted simultaneously with MGT.
45 Job Performance GED Student
Behavior Record
Other

Submitted by: [Signature] Date: 1/29/96

Chief Administrative Officer Date: 1-30-96

In accordance with Illinois Compiled Statutes, 730 ILCS 5/3-6-3, paragraph 1003-6-3, I have determined to award _____ days of Supplemental Meritorious Good Time.

Odie Washington, Director

Date

07.421A-J

SENTENCE CALCULATION WORK SHEET

SINGLE OR CONCURRENT DETERMINATE SENTENCES UNDER 1978 LAW AND JAIL CREDIT

NAME Lenn Reed NUMBER B28789 DATE 10-19-95

(STEP 1) (A)

Yr. Mo. Day

- (Rel. on Bond, Etc.)
(Arrest Date)
(Jail Credits)
+ 1 (Add 1 Day)
(Jail Credits)

(STEP 1) (B)

Yr. Mo. Day

- (Rel. on Bond, Etc.)
(Arrest Date)
(Jail Credits)
+ 1 (Add 1 Day)
(Jail Credits)

(STEP 1) (C)

Yr. Mo. Day

- (Rel. on Bond, Etc.)
(Arrest Date)
(Jail Credits)
+ 1 (Add 1 Day)
(Jail Credits)

(STEP 1) (D)

Yr. Mo. Day

- (Rel. on Bond, Etc.)
(Arrest Date)
(Jail Credits)
+ 1 (Add 1 Day)
(Jail Credits)

(STEP 2)

Yr. Mo. Day

+ (Jail Credits - A)
(Jail Credits - B)
(Jail Credits - C)
+ 47 days (Jail Credits - D)
(Total Jail Credits)

(STEP 3)

Yr. Mo. Day

95 6 5 (Old Custody/
Sentence Date)
- 4 27 (Total Jail Credits)
95 1 8 (New Custody Date)

(STEP 4) (MITTIMUS NO. 94CF2245)

PROJECTED OUT DATE

Yr. Mo. Day

95 1 8 (New Custody Date)
+ 2 (Sentence Less
Good Conduct Credits)
97 1 8 (Projected Out Date)
+ or - (Previous Time
Lost/Awarded)
97 1 8 (Adj. Proj. Out Date)

(STEP 5)

MANDATORY OUT DATE

Yr. Mo. Day

95 1 8 (New Custody Date)
+ 2 (Sentence)
97 1 8 (Mandatory Out Date)

Adj. Proj. Out Date 1-8-97
Mandatory Out Date 1-8-99
Calculated By af

Terminal Operator ch
Date Entered 10-19-95

01.07.421A-J

SENTENCE CALCULATION WORK SHEET

SINGLE OR CONCURRENT DETERMINATE SENTENCES UNDER 1978 LAW AND JAIL CREDIT

NAME Ann D. Reed NUMBER B28789 DATE 7-19-95

(STEP 1) (A)

Yr. Mo. Day

(Rel. on Bond, Etc.)
- (Arrest Date)
(Jail Credits)
+ 1 (Add 1 Day)
(Jail Credits)

(STEP 1) (B)

Yr. Mo. Day

(Rel. on Bond, Etc.)
- (Arrest Date)
(Jail Credits)
+ 1 (Add 1 Day)
(Jail Credits)

(STEP 1) (C)

Yr. Mo. Day

(Rel. on Bond, Etc.)
- (Arrest Date)
(Jail Credits)
+ 1 (Add 1 Day)
(Jail Credits)

(STEP 1) (D)

Yr. Mo. Day

(Rel. on Bond, Etc.)
- (Arrest Date)
(Jail Credits)
+ 1 (Add 1 Day)
(Jail Credits)

(STEP 2)

Yr. Mo. Day

(Jail Credits - A)
+ (Jail Credits - B)
+ (Jail Credits - C)
+ (Jail Credits - D)
(Total Jail Credits)

(STEP 3)

Yr. Mo. Day

(Old Custody/
Sentence Date)
- 4-27 (Total Jail Credits)
95-1-8 (New Custody Date)

(STEP 4) (MITTIMUS NO. 94CF2245)

PROJECTED OUT DATE

Yr. Mo. Day

95-1-8 (New Custody Date)
+ 2 (Sentence Less
Good Conduct Credits)
97-1-8 (Projected Out Date)
for (Previous Time
Lost/Awarded)
97-1-8 (Adj. Proj. Out Date)

(STEP 5)

MANDATORY OUT DATE

Yr. Mo. Day

95-1-8 (New Custody Date)
+ 4 (Sentence)
99-1-8 (Mandatory Out Date)

Adj. Proj. Out Date 1-8-97
Mandatory Out Date 1-8-97
Calculated By AD

Terminal Operator dy
Date Entered 7/19/95

**IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS**

THE PEOPLE OF THE STATE OF ILLINOIS

vs.

LENN D. REED
B/M DOB: 5/11/77
33 Sullivan Drive
Alton, IL

FILED

JAN 12 1995

No. 94-CF-2245
COUNT I - CLASS 1
COUNT II - CLASS 4

Defendant
CLERK OF CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS
INDICTMENT

On this 12th day of January, 1995, the Grand Jury, chosen, and sworn for the County of Madison, in the name and by the authority of the People of the State of Illinois, charges that:

LENN D. REED

on the 26th day of December, 1994, at and in the County of Madison, in the State of Illinois, committed the offense of:

COUNT I - AGGRAVATED DISCHARGE OF A FIREARM -- in that said defendant knowingly discharged a firearm in the direction of another person or in the direction of a vehicle, being a 1978 Chevrolet Van, which said defendant knew to be occupied, in violation of 720 ILCS 5/24-1.2(a)(1), and against the peace and dignity of the People of the State of Illinois.

COUNT II - MOB ACTION -- in that said defendant knowingly and by use of force and violence disturbed the peace, in that he, while acting together with Michael R. Rippley and Richard E. Pittman and without authority of law discharged a firearm, thereby inflicting injury upon Mariasha A. Samuels,

in violation of 720 ILCS 5/5/25-1(a)(1), and against the peace and dignity of the People of the State of Illinois.

A TRUE BILL

Glen Bequeth Jr.
Foreperson of the Grand Jury

The within indictment returned in open court this 12th of January, 1995.

Bail set at \$ *100,000.00*. Warrant of Arrest ordered to issue.

Charles Roman
Judge of the Circuit Court

WITNESSES: Detectives Bill Taul & Jerry Cooley, Alton Police Dept.

FILED

JUN 14 1995

CLERK OF CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

IN THE CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

AS
(B)

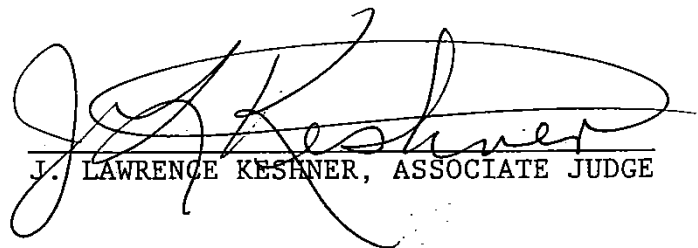
PEOPLE OF THE STATE OF ILLINOIS,) Case No. 94 CF 2245
)
V.) Charge: Ct. I - Agg. Discharge
) of Firearm
)
LENN D. REED,)
)
Defendant.)

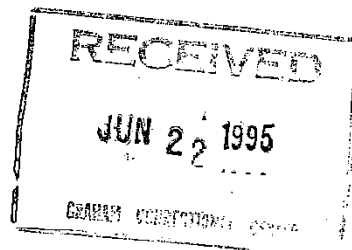
ORDER

The Court finds the Defendant has complied with the conditions of his furlough and thereafter reduces Defendant's sentence from a term of EIGHT years Department of Corrections to a term of FOUR years Department of Corrections with credit given for time served.

Defendant remanded to the custody of the Sheriff of Madison County pending transportation to the Department of Corrections.

Entered at Edwardsville this 14TH day of June, 1995.


J. LAWRENCE KESHNER, ASSOCIATE JUDGE



IN THE CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS,) Case No. 94 CF 2245
)
)
V.) Charge: Ct. I Agg. Dis. of Firearm
)
LENN D. REED)

FILED

Defendant.

MAY 22 1995

CLERK OF CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

STATE'S
ATTORNEY: Robert Trone

DEFENSE
ATTORNEY: Tom Hildebrand

ORDER AND JUDGMENT ON PLEA AND SENTENCE

Come now the People of the State of Illinois, by the State's Attorney of said County, and the Defendant in his own person and represented by Counsel of record.

Defendant advises the Court that he desires to withdraw his plea of not guilty, and enter a plea of guilty to the offense of (listed above) as set forth in the Indictment.

Defendant advised of the consequences of his plea of guilty, the elements of the offense, and his right to a Jury Trial. Factual basis for plea of guilty determined.

Defendant persists in his plea; the Court accepts same, and under his plea does find and adjudge the Defendant guilty of the offense of (listed above) as set forth in the Indictment.

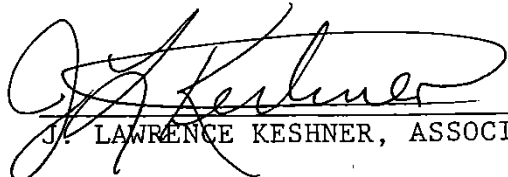
Case called for sentencing Hearing. Defendant waives Pre-Sentence Report, and the Court proceeds with Sentencing Hearing. Evidence waived in Aggravation. Evidence waived in Mitigation.

After due consideration, it is ordered and adjudged that the Defendant, Lenn D. Reed, be sentenced as follows:

eight years Dept. of Corrections; Def. granted furlough until 6/5/95 at 9 a.m. If Def. returns on that date with no new charges, Def.'s sentence shall be modified to four years Dept. of Correction with credit for time served. Count II dismissed.

The Court finds the Defendant's age to be 18 years. Judgment entered on the sentence. Appeal rights stated.

DATE: May 22, 1995


J. LAWRENCE KESHNER, ASSOCIATE JUDGE

FILED

MAY 22 1995

CLERK OF CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOISCREDIT FOR TIME SERVED
(To Be Put on Mittimus)DEFENDANT: Lenn ReedCASE NO. 94CF 2245WHERE SERVED: Alt/Muni CngDATES OR TOTAL DAYS: 1217To be determined and signed as correct by counsel before
Mittimus issued.Robert E. Turner
STATE'S ATTORNEY[Signature]
DEFENSE COUNSEL

WHERE SERVED: _____

DATES OR TOTAL DAYS: _____

To be determined and signed as correct by counsel before
Mittimus issued._____
STATE'S ATTORNEY_____
DEFENSE COUNSEL

WHERE SERVED: _____

DATES OR TOTAL DAYS: _____

To be determined and signed as correct by counsel before
Mittimus issued._____
STATE'S ATTORNEY_____
DEFENSE COUNSEL[Signature]
JUDGE

CONFINEMENT RECORD PRIOR TO CONVICTION

RE: REED, LENN DWAYNE M/B DOB/051177 PERM#35737
(PRISONER'S NAME)

(PRISONER'S NAME)

INSTITUTION	DATE CONFINED	DATES RELEASED OR TRANSFERRED	CONDUCT FOR EACH PERIOD OF CONFINEMENT (refer to back or below if needed)
-------------	---------------	----------------------------------	---

MADISON CO. JAIL	122994	052395	FAIR
------------------	--------	--------	------

MADISON CO. JAIL	060595	062295	FAIR
------------------	--------	--------	------

DETAILS OF BEHAVIOR (If needed) INMATE HAS BEEN INVOLVED IN MINOR DISTURBANCES, SEEMS TO BE
MORE OF A FOLLOWER THAN A LEADER!!!! dw

BOB CHURCHICA, Sheriff of Madison County, IL.

This Record Compiled By

SGT. J. E. L.

105

SD-69

JAIL SUPERVISOR; SGT. DON E. WEIN S105

ID #6340

DOC #	NAME FIRST	MIDDLE	LAST	DATE OF ADMIT
628789	Len		Reed	6-22-95
TYPE OF ADMISSION		CHECK IF ADDITIONAL NIT		
DFC NEW ADMIT	TRY PVIS & HABITANT	MVA PVIS & HABITANT	DISCHARGE & RECONMIT	IS HE ELIGIBLE FOR HOOT CAMP OR IMPACT INCARCERATION?
<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
CURRENT #	COUNTY	CHARGE	OFFENSE CODE	# COUNTS
94CF2245	Madison	Agg. Disc. & Firearm	720 ILCS 5/24-1.2 (1)	1
DATE OF SENTENCE	SENTENCE	**RELEASE DATES**		
5-22-95	4yrs	MIN. MAX.		
Incarcerated in any other State or Federal If so, how many times? <input checked="" type="radio"/> No <input type="radio"/> Yes Where?				

DCA 10,491; IL 436-4472

ID #6341

RELEASE CHECKLIST - FELONS/HABITUAL JUVENILE OFFENDERS
Illinois Department of Corrections

Female's Name Lynn Reed Number Ba8789 Facility BMC

A. PRB ORDER/REQUEST OR WRITS/CERTIFICATION

1. Is there a PRB Order? ☒ Yes ☐ No

2. Is there a request from the PRB for victim notification? If yes, date PRB was contacted.

3. Has the inmate ever been released on writ? ☒ Yes ☐ No

a. If, as a result, an additional mittimus was received, has it been calculated accordingly? ☐ Yes ☐ No

b. If a new mittimus was not received, was the county contacted to ascertain that no other charges or sentences exist? Explain on the reverse side.

County Contact Person Date

4. If the inmate is subject to a blood sample collection, has a sample been collected? ☒ Yes ☐ No

5. Has the inmate been certified as a Child Sex offender? ☒ Yes ☐ No

6. Is there a Protection Order noted in the file? ☒ Yes ☐ No

7. If the answer to question 5 or question 6 is "yes," have the proper authorities been notified? ☐ Yes ☐ No

B. SENTENCE STRUCTURE

1. Have all mittim in the master record file been calculated? ☒ Yes ☐ No

2. Does any mittimus or statement of facts or any other document identify any Case Number for which there is no mittimus in the master record file? If yes, how was it resolved?

3. Have all mittim been reviewed for consecutive sentences? ☒ Yes ☐ No

4. Were the consecutive sentences calculated as such? ☒ Yes ☐ No

5. Are there any detainees or warrants in the master record file? ☒ Yes ☐ No

6. If there are detainees or warrants, has the filing agency been notified and arrangements made for transfer of custody? ☐ Yes ☐ No

Agency Contact Person Date

7. Has the calculation been checked for accuracy? ☒ Yes ☐ No

a. Custody Date 1-8-95

b. Good Time:

c. GCC/SGT revoked 32 E.G.C. 32 S.M.G.T. 90 MGT (Per statutes in effect at the time of the award.) 90

d. GCC/SGT restored

c. Is there any restoration, revocation, or award of earned or meritorious good time pending? If yes, indicate how it was resolved.

d. Projected Release Date 6-6-95

8. (Adult) Has the appropriate parole/MST term been calculated and the discharge date recorded in pencil in the designated location on the face sheet? ☒ Yes ☐ No

(Juvenile) Has a memorandum been forwarded to Field Services identifying the discharge date and a copy filed in the master record file?

Signature of Reviewer Date 5/22/94

1. (Adult) Has the release been entered in the OTS terminal and the discharge date verified for accuracy? ☒ Yes ☐ No

Terminal Operator Date Entered 6/12/94

2. (Juvenile) Has the release been telephoned to the JTS operator?

Signature Date

DC-1311 (Rev. 8/93)

ID #6342

COMMUNITY SERVICES DEPT
INSTITUTION
CC: RELEASEE (ORIGINAL)

(DATE)

9-6-9

(RELEASEE SIGNATURE)

[Signature]

I UNDERSTAND AND WILL COMPLY WITH THE ABOVE INSTRUCTIONS.

(DATE)

9-6-9

(FIELD SERVICES REPRESENTATIVE)

[Signature]

SEX OFFENDER REGISTRY READ: NO
SPECIAL REPORTING INSTRUCTIONS: FIELD AGENT ONLY WILLARS FOR AN ARFO
INMINT UPON RELEASE.

REPORTING INSTRUCTIONS: UPON RELEASE, YOU MUST GO DIRECTLY TO THE
ABOVE RESIDENCE. YOU ARE REQUIRED TO CALL THE ABOVE
COMMUNITY SERVICES OFFICE WITHIN 72 HOURS (3 DAYS) OF YOUR RELEASE.
IF YOU DO NOT COMPLY WITH THIS REPORTING REQUIREMENT, YOU WILL BE
CONSIDERED TO BE IN VIOLATION OF YOUR RELEASE AGREEMENT AND A WARRANT
MAY BE ISSUED FOR YOUR ARREST. BRING YOUR INDIVIDUAL DEVELOPMENT PLAN.
YOUR SIGNED PAROLE DEW AGREEMENT AND THIS COPY OF REPORTING
INSTRUCTIONS TO YOUR FIRST MEETING WITH A PAROLE AGENT.

PRE-START ZONE 4
F ST LOUIS SVC CNTR
10 COLLINGSVILLE #204
EAST ST. LOUIS, IL 62201
TELEPHONE NUMBER: 618-583-2020

ASSIGNED COMMUNITY SERVICES OFFICE:

ALTON
618-463-0311

914 BILEY ST.

JOYCE REED
MOTHER

OUR RECORDS INDICATE YOUR RELEASE PLAN IS AS FOLLOWS:

(DOC INSTITUTION NUMBER)

628789

(RELEASE DATE)

09/06/1995

(RELEASEE)

(FACILITY)

BIG MUDRY RIVER

REPORTING INSTRUCTIONS

ILLINOIS DEPARTMENT OF CORRECTIONS

DCA 141 (Revised 2/92)
K 426-C153

Distribution: Releasee
Community Services Zone Headquarters
Jasany Pm

Signed this 6 day of June, 19 96

Dennis Reed
Parolee or Mandatory Supervised Releasee (Signature)

Ed Smith
Witness (Signature)

I, Dennis Reed, committed to and under the custody of the Illinois Department of Corrections, do hereby acknowledge that I have carefully read, or have had read to me, and do clearly understand the contents and conditions of the above rules governing the conduct of adult parolees and mandatory supervised releasees, and I do hereby agree to comply with same. I do further agree that should I be charged with a violation of my Illinois parole or release, and should I be in another state, I do hereby waive extradition, and I do not resist being returned to an Illinois State correctional center.

I also understand that if I am being released pursuant to Section 1003-3-10, Sub. (b), of the Unified Code of Corrections (mandatory release status), this agreement as herein stated is applicable to me.

RULES OF CONDUCT GOVERNING ADULT PAROLEES AND MANDATORY SUPERVISED RELEASEES

Until final discharge, you shall at all times be under the legal custody of the Department of Corrections, subject to being retaken at any time, with the establishment of probable cause and with the lodging of a warrant, within the enclosure of an Illinois State correctional center.

You are obligated to comply with all rules, regulations, orders and subsequent amendments thereof of the Prisoner Review Board and of the Community Services Division of the Department of Corrections.

1. You must comply with the instructions of your Department of Corrections agent, including any instructions to submit to electronic monitoring, (if paroled or released out of the State, obedience of the rules of both states is required) and the following Board Special Orders: NO PRB in file

2. You must obey all municipal, county, State, and federal laws and ordinances.

3. You must have prior approval from your assigned Community Services Zone Supervisor for the following:

a) requests to leave the State;
b) requests to visit or write to correctional center residents;
c) changes in residence or employment.

4. All arrests must be reported immediately to your assigned Community Services Zone Supervisor.

5. Status reports must be submitted as directed.

6. You shall not own, possess, use, sell, or have under your control any firearms or other dangerous weapons.

7. You may be required to submit to electronic monitoring as authorized by the Board.

NAME Dennis Reed
INSTITUTION BMPCC
NUMBER 628789

This document constitutes an agreement governing persons who have been granted parole by the Illinois Prisoner Review Board or otherwise released under supervision, and defines the terms by which the undersigned is conditionally released from confinement. The rules of conduct follow. If such rules are violated, parole or mandatory supervised release may be revoked under the rules and regulations promulgated by the Prisoner Review Board.

STATE OF ILLINOIS
PRISONER REVIEW BOARD
PAROLE OR MANDATORY SUPERVISED RELEASE AGREEMENT

DC 1320
IL 426-0831 (5/84)

Date
6-6-96

Witnessing Employee
Ed Smith

Date
6-6-96

Inmate
X Jim Reed

I have read the above notification and it has been explained to me. I also understand that failure to comply is a felony.

1. Males, born since January 1960, who are 18 years old should have registered already, unless they were incarcerated at the time they were required to register.
 2. Unless incarcerated, a person's registration should be accomplished during the 60 day period commencing 30 days prior to their 18th birthday.
 3. Persons who are incarcerated at the time they are required to register must register within 30 days of their release from confinement.
 4. Registration may be accomplished at any classified U.S. Postal Service office within the United States, its territories or possessions.
 5. Failure to comply with this requirement constitutes the commission of a felony.
- The Military Selective Service Act (MSSA) and a current Presidential Proclamation require that all males born since January 1, 1960, who have reached their 18th birthday, be registered with the Selective Service System.

NOTIFICATION TO REGISTER

Witness
Ed Soyars

Inmate's Signature
X [Signature]

On this date 6-6-96 I have been offered the handout "HIV Antibody
Counseling and Testing Sites".

HIV - AIDS HANDOUT

STATE OF ILLINOIS - DEPARTMENT OF CORRECTION

DROP SLIP		RECORD OFFICE:	FACILITY 2-H-6 Southwestern IL CC
TO: Shift Commander Big Muddy CC			
RESIDENT NAME Lenn Reed		NUMBER B-28789	
Has been ordered: <input type="checkbox"/> On furlough <input type="checkbox"/> Discharged <input type="checkbox"/> Out on writ <input type="checkbox"/> Paroled/MSR <input checked="" type="checkbox"/> Transfer			
EFFECTIVE DATE (MO.) (DAY) (YR.) 2-28-96		RESIDENT WILL BE READY TO GO AT: 9:00 am	
He <input type="checkbox"/> is wanted <input checked="" type="checkbox"/> is not wanted			
PAROLE OFFICER (Signature) <i>[Signature]</i>		RECORD CLERK (SIGNATURE) <i>[Signature]</i>	
ASSISTANT WARDENS SIGNATURE Approved: <i>[Signature]</i>			

Check Points: B of IMM Clothing House <i>[initials]</i> Personal Property <i>[initials]</i> Trust Office <i>[initials]</i> Healthcare <i>[initials]</i> Placement <i>[initials]</i>	YARD OFFICE CAPTAIN (SIGNATURE) <i>[Signature]</i>
	ESCORTING OFFICER (SIGNATURE) <i>[Signature]</i>
	CLOTHING HOUSE OFFICER (SIGNATURE) <i>[Signature]</i>
	IDENTIFICATION OFFICER (SIGNATURE) <i>[Signature]</i>
	TRUST OFFICER (SIGNATURE) <i>[Signature]</i>
RESIDENT RELEASED AT LOBBY DESK BY:	
(SIGNATURE) <i>[Signature]</i>	TIME 10:10 AM PM

Complete slip and return to Record Clerk for placement in Resident's jacket.
DC 733
IL 426-0405

INCOMING TRANSFER CHECKLIST

NAME Lenn D. Reed NUMBER B28789he PAROLE VIOLATOR- PV BACK JACKET- PAROLE VIOLATOR NEEDS TO SEE THE BOARD- DISCHARGE DATE BACK JACKET OF PV WHO HAVE SEEN BOARDNo PENDING WRITSNo GUILTY BUT MENTALLY ILLNo CLOSE PROJECTED OUT DATE- SEX OFFENDER (MARK FILE)- DNA TEST (SEX CRIME ONLY)- SDPOK POWER OF ATTORNEYSIGNATURE Sherry Sexton DATE 2-29-96

ID #6348

D Q

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
DIVISION 1
WASHINGTON, D.C. 20537

B28789
S.W.

IL068015C

PCN 952372998206

ENTERED IN OTS

IL068015C
WARDEN
JOHN A GRAHAM CORR CENTER
BOX 499
HILLSBORO, IL 62049-0499

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
DIVISION 1
WASHINGTON, D.C. 20537

IL068015C

PCN 952372998206

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY
SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

- FBI IDENTIFICATION RECORD - FBI NO-140584RA4

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE
DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME	FBI NO.	DATE REQUESTED
REED, LENN DWAYNE	140584RA4	12/01/95

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR	BIRTH PLACE
M	B	05/11/77	508	130	BRO	BLK	ILLINOIS

FINGERPRINT CLASS
25 14 12 15 07
DI 56 14 13 07

1-ARRESTED OR RECEIVED 05/05/92
AGENCY-POLICE DEPARTMENT ALTON (IL0600100)

CHARGE 1-UNL USE OF WEAPON
CHARGE 2-NO F O I D

2-ARRESTED OR RECEIVED 02/03/93
AGENCY-POLICE DEPARTMENT ALTON (IL0600100)

CHARGE 1-UNL POSS CONTROLLED SUB

3-ARRESTED OR RECEIVED 08/11/93 SID-IL32066210
AGENCY-POLICE DEPARTMENT ALTON (IL0600100)

CHARGE 1-ROBBERY

4-ARRESTED OR RECEIVED 05/28/94 SID-IL32066210
AGENCY-POLICE DEPARTMENT ALTON (IL0600100)
AGENCY CASE-20208

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
DIVISION 1
WASHINGTON, D.C. 20537

IL068015C
PART 2

PCN 952372998206

- FBI IDENTIFICATION RECORD - FBI NO-140584RA4

CHARGE 1-AGGRAVATED ASSAULT
CHARGE 2-CRIMINAL TRESPASS TO STATE

5-ARRESTED OR RECEIVED 10/21/94 SID-IL32066210
AGENCY-POLICE DEPARTMENT ALTON (IL0600100)
AGENCY CASE-20208
CHARGE 1-AGG BATTERY

6-ARRESTED OR RECEIVED 12/27/94 SID-IL32066210
AGENCY-POLICE DEPARTMENT ALTON (IL0600100)
AGENCY CASE-20208
CHARGE 1-AGG DISCHARGE
CHARGE 2-MOB ACTION

7-ARRESTED OR RECEIVED 06/22/95 SID-IL32066210
AGENCY-J A GRAHAM CORR CNTR HILLSBORO (IL068015C)
AGENCY CASE-B28789 NAME USED-REED,LENN D
CHARGE 1-AGGRAVATED DISCHARGE OF FIREARM

COURT-

DISPOSITION-

CHARGE-AGGRAVATED DISCHARGE OF FIREARM
SENTENCE-
4 YEARS

RECORD UPDATED 12/01/95

ALL ARREST ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR
OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

ILLINOIS STATE POLICE
DIVISION OF FORENSIC SERVICES AND IDENTIFICATION
260 NORTH CHICAGO STREET
JOLIET, ILLINOIS 60431-1060

WARDEN
DOC CORRECTIONAL CENTER GRAHAM
P.O. BOX 499
HILLSBORO **IL 62049**

ATTENTION: KENNETH DOBUCKI

PURSUANT TO THE SUBMISSION YOUR AGENCY SUBMITTED, WE ARE SENDING YOU THIS ILLINOIS CRIMINAL HISTORY TRANSCRIPT. BASED UPON FINGERPRINT IDENTIFICATION, THIS TRANSACTION WAS POSTED TO THE FOLLOWING CRIMINAL HISTORY RECORD.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS SITUATION, PLEASE FEEL FREE TO CONTACT THIS OFFICE AT (815) 740-5160.

IDENTIFIERS

SUBMISSION TYPE	: CUSTODIAL RECEIVED	
YOUR CASE NUMBER	:	DCN :22988349X
SUBJECTS NAME	: REED, LENN D	SEX: M
DOB	: 05/11/1977	RACE: B

WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW TITLE 42 USC 3789g PERTAINING TO CRIMINAL HISTORY INFORMATION.

IL 493-0826 S T A T E U S E O N L Y ISP6-486(6/89)
BATCH: 951606
DATE: 071895 ORI: IL068015C RO: 0001 PCN: 81671600X PAGE: 1

**ILLINOIS STATE POLICE
CRIMINAL HISTORY RECORD INFORMATION
SUBJECT IDENTIFICATION INFORMATION**

SID: IL32066210

FBI:

CHICAGO:

NCIC FINGERPRINT CLASSIFICATION: 2615101407DI57151309
HENRY FINGERPRINT CLASSIFICATION: 26) L 5 U OIO 7
I 1 R IOI

NAME:

DOB:

REED, GLENN ✓

05/11/1977

REED, LENN D ✓

REED, LENN DWAYNE ✓

REED, LENNY ✓

SEX : MALE

RACE : BLACK

EYE : BROWN

HAIR : BLACK

SKIN : MEDIUM

HEIGHT: 509 DATE REPORTED: 06/22/95

WEIGHT: 154 DATE REPORTED: 06/22/95

SCARS/MARKS/TATTOOS

TATTOO FOREARM, RIGHT

PLACE OF BIRTH

ILLINOIS

(END OF SUBJECT IDENTIFICATION)

IL 493-0828

S T A T E U S E O N L Y

ISP6-488(6/89)

DATE: 071895 ORI: IL068015C RO: 0001 PCN: 81671600X PAGE: 1

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000072

**ILLINOIS STATE POLICE
CRIMINAL HISTORY RECORD INFORMATION
SUBJECT TRANSACTION INFORMATION**

SID: IL32066210

FBI:

CHICAGO:

AGENCY INFORMATION	SUBJECT INFORMATION	DATE	CHARGE INFORMATION
CUSTODIAL PHOTO AVAILABLE ILO68015C DOC CRR CTR GRAHAM DCN 22988349X SUBJECT INS# B28789 RECEIVED FROM MADISON COUNTY SO COURT CASE# 94CF2245	REED, LENN D 05/11/1977	06/22/95	RECEIVED
ARREST PHOTO AVAILABLE ILO600100 ALTON PD DCN 249847752 AGENCY CASE# 20208 9425203 COURT CASE# 94CF2245 94CF2245	REED, LENN DWAYNE 05/11/1977	12/27/94 12/27/94	720 ILCS 5.0/24-1.2 AGG DISCHARGE OF FIREARM CLASS 1 FELONY IN-STATE WARRANT 720 ILCS 5.0/25-1 MOB ACTION CLASS 4 FELONY IN-STATE WARRANT
(CONTINUED ON NEXT PAGE)			

IL 493-0829

STATE USE ONLY

ISP6-488(6/89)

DATE: 071895

ORI: IL068015C

RO: 0001

PCN: 81671600X

PAGE: 1

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000073

**ILLINOIS STATE POLICE
CRIMINAL HISTORY RECORD INFORMATION
SUBJECT TRANSACTION INFORMATION**

SID: IL32066210

FBI:

CHICAGO:

AGENCY INFORMATION	SUBJECT INFORMATION	DATE	CHARGE INFORMATION
ARREST PHOTO AVAILABLE ILO600100 ALTON PD DCN 245114716 AGENCY CASE# 20208 9420775 COURT CASE# 94CF1771	REED, LENN DWAYNE 05/11/1977 REED, GLENN MINOR RULE OF LAW	10/21/94	720 ILCS 5.0/12-4 AGGRAVATED BATTERY CLASS 3 FELONY IN-STATE WARRANT
ARREST PHOTO AVAILABLE ILO600100 ALTON PD DCN 245988666 AGENCY CASE# 20208 9410051	REED, LENN DWAYNE 05/11/1977	05/28/94	720 ILCS 5.0/12-3.2 DOMESTIC BATTERY CLASS A MISDEMEANOR
S.A. DISPOSITION ILO60013A MADISON CO SA DCN 245988666		05/28/94	720 ILCS 5.0/21-5 CRIM TRESP STATE LAND CLASS A MISDEMEANOR DIRECT FILED WITH COURT 720 ILCS 5.0/12-3.2 DOMESTIC BATTERY CLASS A MISDEMEANOR DIRECT FILED WITH COURT 720 ILCS 5.0/21-5 CRIM TRESP STATE LAND CLASS A MISDEMEANOR
(CONTINUED ON NEXT PAGE)			

IL 493-0829

S T A T E U S E O N L Y

ISP6-488(6/89)

DATE: 071895

ORI: IL068015C

RO: 0001

PCN: 81671600X

PAGE: 2

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000074

**ILLINOIS STATE POLICE
CRIMINAL HISTORY RECORD INFORMATION
SUBJECT TRANSACTION INFORMATION**

SID: IL32066210

FBI:

CHICAGO:

AGENCY INFORMATION	SUBJECT INFORMATION	DATE	CHARGE INFORMATION
ARREST PHOTO AVAILABLE ILO600100 ALTON PD DCN 215455427 AGENCY CASE# 9316521 S.A. DISPOSITION ILO60013A MADISON CO SA DCN 215455427	REED, LENN DWAYNE 05/11/1977 REED, LENNY	08/11/93	38-18-1 ROBBERY CLASS 2 FELONY 08/11/93 DISPO NOT AVAILABLE 38-18-1 ROBBERY CLASS 2 FELONY
ARREST PHOTO AVAILABLE ILO600100 ALTON PD DCN 232054262 AGENCY CASE# 931985 S.A. DISPOSITION ILO60013A MADISON CO SA DCN 232054262	REED, LENN DWAYNE 05/11/1977	02/03/93	56.5-1401 MAN/DEL CONTROL SUBSTANCES CLASS 3 FELONY 02/03/93 DISPO NOT AVAILABLE 56.5-1401 MAN/DEL CONTROL SUBSTANCES CLASS 3 FELONY
ARREST PHOTO AVAILABLE ILO600100 ALTON PD DCN 23249632X AGENCY CASE# 928003	REED, LENN DWAYNE 05/11/1977	05/05/92	38-24-1 UNLAWFUL USE OF WEAPON CLASS A MISDEMEANOR

(CONTINUED ON NEXT PAGE)

IL 493-0829

S T A T E U S E O N L Y

ISP6-488(6/89)

DATE: 071895

ORI: IL068015C

RO: 0001

PCN: 81671600X

PAGE: 3

**ILLINOIS STATE POLICE
CRIMINAL HISTORY RECORD INFORMATION
SUBJECT TRANSACTION INFORMATION**

SID: IL32066210

FBI:

CHICAGO:

AGENCY INFORMATION	SUBJECT INFORMATION	DATE	CHARGE INFORMATION
S.A. DISPOSITION ILO60013A MADISON CO SA DCN 23249632X		05/05/92	38-83-2 FOID I D CARDS CLASS A MISDEMEANOR DIRECT FILED WITH COURT 38-83-2 FOID I D CARDS CLASS A MISDEMEANOR

WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW TITLE 42 USC 3789g PERTAINING TO CRIMINAL HISTORY INFORMATION.

(END OF TRANSCRIPT)

IL 493-0829

S T A T E U S E O N L Y

ISP6-488(6/89)

DATE: 071895

ORI: IL068015C

RO: 0001

PCN: 81671600X

PAGE: 4

**ILLINOIS STATE POLICE
DIVISION OF FORENSIC SERVICES AND IDENTIFICATION
260 NORTH CHICAGO STREET
JOLIET, ILLINOIS 60431-1060**

N O T I C E

THE ILLINOIS STATE POLICE EXPECTS TO IMPLEMENT PROGRAMMING TO PROCESS SUBMISSIONS CONTAINING ILLINOIS COMPILED STATUTE (ILCS) CITATIONS ON JANUARY 8, 1994. THE FOLLOWING DESCRIBES THE FORMAT FOR REPORTING THE ILCS CITATION ON THE ILLINOIS ARREST FINGERPRINT CARD, THE ILLINOIS STATE'S ATTORNEY'S DISPOSITION, AND ON THE ILLINOIS COURT DISPOSITION.

ILCS CITATIONS, FOR EXAMPLE 720 ILCS 5/26-1-A, SHOULD BE REPORTED USING THE FOLLOWING RULES:

1. THE 720 REPRESENTS THE CHAPTER NUMBER. THE CHAPTER NUMBER CAN BE UP TO FOUR NUMERIC CHARACTERS FOLLOWED BY ONE SPACE.
2. THE NEXT SEGMENT MUST CONTAIN THE LITERAL "ILCS". THE "ILCS" LITERAL MUST BE FOLLOWED BY ONE SPACE.
3. THE 5 REPRESENTS THE ACT NUMBER. THE ACT NUMBER CAN BE UP TO FIVE NUMERIC CHARACTERS CONSISTING OF FOUR WHOLE POSITIONS AND ONE DECIMAL POSITION. THE ACT NUMBER IS ALWAYS FOLLOWED BY A "/" WITH NO SPACE BEFORE OR AFTER.
4. THE 26-1-A REPRESENTS THE SECTION NUMBER. THE SECTION NUMBER CAN BE UP TO 25 CHARACTERS LONG AND MAY INCLUDE DASHES AND DECIMALS.

THESE REPORTING RULES APPLY WHEN THE REPORTING AGENCY CHOOSES TO REPORT EVENTS CONTAINING ILCS CITATIONS. THOSE CRIMINAL HISTORY EVENTS CONTAINING ILLINOIS REVISED STATUTES (IRS) CITATIONS CAN STILL BE REPORTED. IF YOU HAVE ANY QUESTIONS CONCERNING THIS MATTER, PLEASE FEEL FREE TO CONTACT MR. THOMAS LOVERUDE AT (815) 740-5190.

S T A T E U S E O N L Y

DATE: 950718 ORI: IL068015C RO: 0001 PCN: 81671600X PAGE: 1



ILLINOIS
DEPARTMENT
OF
CORRECTIONS

Jim Edgar
Governor

Odle Washington
Director

Graham Correctional Center / P.O. Box 499 / Highway 185 / Hillsboro, Illinois 62049 / Telephone (217)532-6961
TDD: (800) 526-0844

MEMORANDUM

DATE: July 13, 1995

TO: Record Office

FROM: *Steve McLaughlin*
Steve McLaughlin
R&C Supervisor

SUBJECT: TRANSFERS - R&C UNIT TO GRAHAM GENERAL POPULATION

Effective July 13, 1995 at 2 p.m. the following inmate(s) will be transferred to Graham's general population according to A.D. 05.06.130. Approval was given by the Transfer Coordinator's Office. Room changes will be made after the noon count procedure has been completed.

David Peterson, N98143	from 10-C-11	to 25-A-5
Robert Lee, N67605	from 10-D-7	to 25-D-4
Lenn Reed, B28789	previously moved to	15-D-11
Carlos Finley, N87858	previously moved to	15-C-10
Edward Leardi, N67947	previously moved to	15-B-14
Willie Taylor, B25548	previously moved to	15-D-7
Loranzo Davis, N47553	previously moved to	15-C-10

cc: Shift Commander
Library
Medical Records
Clothing Room
B of I
H.U. 15
Education
Correctional Counselor III
Placement Office
Personal Property
R&C Supervisor
Tammy Greenwood
Master File
File
DCA 10,442; IL 426-3291 (Rev. 10/90)

INMATE INTERVIEW IDENTIFICATION W X SHEET

ADMISSION DATE: 6/22/95 DIRECT: MADISON TRANSFER INSTITUTION:

IDOC #: B28789

NAME: REED, LENN D.

AGE: 18

DOB: 5/11/77

PLACE OF BIRTH: ALTON, IL

HT: 509

WT: 154

COLOR OF HAIR: BLK

COLOR OF EYES: BRO

RACE: B

ETHNIC PREFERENCE: B

OCCUPATIONAL SKILLS: NONE

MARRIED: S

OF CHILDREN: 2

EDUCATION: 11TH

RELIGION: NONE

HOME ADDRESS: 914 RILEY, ALTON, IL

IN CASE OF EMERGENCY, NOTIFY: NAME: JOYCE REED

RELATIONSHIP: MOTHER

PHONE: 618 463 0319

ADDRESS: SAME

DCN #: 22988349X

CHICAGO IR #:

S.S. #: NA/

ALIAS:

FBI #:

IBI #:

SCARS, MARKS, TATTOOS, AMPUTATIONS:

TATS; HEART, B.S. U.F
BITE MARK ON CHEST

Distribution: O.T.S. Operator
Medical Records
DCA. 10,562, IL 426-6407 (Rev. 10/89)

Record Office
Inmate File - B. of I.

ILLINOIS STATE POLICE
CRIMINAL HISTORY BUREAU INFORMATION
SUBJECT TRANSACTION INFORMATION

B 28789

SID: IL32066210

FBI:

CHICAGO:

AGENCY INFORMATION	SUBJECT INFORMATION	DATE	CHARGE INFORMATION
ARREST PHOTO AVAILABLE ILO600100 ALTON PD DCN 245114716 AGENCY CASE# 20208 9420775 COURT CASE# 94CF1771	REED, LENN DWAYNE 05/11/1977 REED, GLENN MINOR RULE OF LAW	10/21/94	720 ILCS 5.0/12-4 AGGRAVATED BATTERY CLASS 3 FELONY IN-STATE WARRANT
ARREST PHOTO AVAILABLE ILO600100 ALTON PD DCN 245988666 AGENCY CASE# 20208 9410051	REED, LENN DWAYNE 05/11/1977	05/28/94	720 ILCS 5.0/12-3.2 DOMESTIC BATTERY CLASS A MISDEMEANOR
S.A. DISPOSITION ILO60013A MADISON CO SA DCN 245988666		05/28/94	720 ILCS 5.0/21-5 CRIM TRESP STATE LAND CLASS A MISDEMEANOR DIRECT FILED WITH COURT 720 ILCS 5.0/12-3.2 DOMESTIC BATTERY CLASS A MISDEMEANOR DIRECT FILED WITH COURT 720 ILCS 5.0/21-5 CRIM TRESP STATE LAND CLASS A MISDEMEANOR

(CONTINUED ON NEXT PAGE)

IL 493-0829

STATE USE ONLY

DSR: 2/1/94

DATE: 062394 ORI: 710998010 RO: 0012 PCN: 00509998 PAGE: 1

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000080

ILLINOIS STATE POLICE
CRIMINAL HISTORY RECORD INFORMATION
SUBJECT TRANSACTION INFORMATION

SID: IL32066210

FBI:

CHICAGO:

AGENCY INFORMATION	SUBJECT INFORMATION	DATE	CHARGE INFORMATION
ARREST PHOTO AVAILABLE ILO600100 ALTON PD DCN 215455427 AGENCY CASE# 9316521	REED, LENN DWAYNE 05/11/1977 REED, LENNY	08/11/93	38-18-1 ROBBERY CLASS 2 FELONY
S.A. DISPOSITION ILO60013A MADISON CO SA DCN 215455427		08/11/93	DISPO NOT AVAILABLE 38-18-1 ROBBERY CLASS 2 FELONY
ARREST PHOTO AVAILABLE ILO600100 ALTON PD DCN 232054262 AGENCY CASE# 931985	REED, LENN DWAYNE 05/11/1977	02/03/93	56.5-1401 MAN/DEL CONTROL SUBSTANCES CLASS 3 FELONY
S.A. DISPOSITION ILO60013A MADISON CO SA DCN 232054262		02/03/93	DISPO NOT AVAILABLE 56.5-1401 MAN/DEL CONTROL SUBSTANCES CLASS 3 FELONY
ARREST PHOTO AVAILABLE ILO600100 ALTON PD DCN 23249632X AGENCY CASE# 928003	REED, LENN DWAYNE 05/11/1977	05/05/92	38-24-1 UNLAWFUL USE OF WEAPON CLASS A MISDEMEANOR

(CONTINUED ON NEXT PAGE)

IL 493-0829

STATE USE ONLY

DSP6-488(1/87)

DATE: 062395 ORI: IL0991000 R#: 0002 PCN: 008498227 PAGE: 2

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000081

ILLINOIS STATE POLICE
CRIMINAL HISTORY RECORD INFORMATION
SUBJECT TRANSACTION INFORMATION

SID: IL32066210

FBI:

CHICAGO:

AGENCY INFORMATION	SUBJECT INFORMATION	DATE	CHARGE INFORMATION
S.A. DISPOSITION ILO60013A MADISON CO SA DCN 23249632X		05/05/92	38-83-2 FOID I D CARDS CLASS A MISDEMEANOR DIRECT FILED WITH COURT 38-83-2 FOID I D CARDS CLASS A MISDEMEANOR

WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW TITLE 42 USC 3789g PERTAINING TO CRIMINAL HISTORY INFORMATION.

(END OF TRANSCRIPT)

IL 493-0829

S T A T E U S A O N L Y

DSP6 488 (1/87)

DATE: 062395 ORI: IL0998000 RO: 0002 PCN: 008498982 PAGE: 3

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000082

MSR

NOTICE OF CONFISCATED AND/OR RETURNED MAILINMATE: Len Reed NUMBER: B28789 DATE: 6-4-96 UNIT: 2B-75

The enclosed is being confiscated and/or returned for the reason indicated below:

- ☐ Items are forbidden by institution regulations.
- ☐ Item cannot be checked for contraband without being destroyed.
- ☐ Resident does not wish to correspond with you.
- ☐ Residents are not permitted to correspond with residents of other penal institutions unless approval is given by both institutions.
- 2 ☐ Photo(s) does not meet established criteria.
- ☐ Money orders & cashier's checks over \$50.00, cash, personal checks, stamps, stamped envelopes, and stickers of any kind are not permitted.
- ☐ Information on money order, cashier's check, or certified check is not complete and/or has been altered.
- ☐ The enclosed publication(s) has been forwarded to the publication review committee.

Comments/Explanation: Gang relatedThe above item(s) was returned to: Keisha Reed
914 Riley Ave.
Alton, IL
62002J D Denison 6-4-96
MAIL OFFICE SUPERVISOR DATE

PERSONAL PROPERTY DATE

INSTRUCTIONS: On the first line of each entry, indicate the date, time, location, type and method of contact, and staff initials. Use as many lines as necessary to record each entry.

TYPE OF CONTACT: P - Personal
C - Collateral

METHOD OF CONTACT: F - Face-to-Face
T - Telephone
O - Other

DC 1711 (Rev.10/86)
IL 426-0011

HOUSING UNIT

2 D52BIG MUDDY RIVER CORRECTIONAL CENTER
SCREENING FORM

DATE:

2-2-96

INMATE NAME:

Lenn D. Reed

IDOC #:

B28789 MSR: 9-6-96

DATE BMRCC:

2-28-96

DATE DOC:

6-22-95

DOB:

5-11-77

OFFENSE:

Agg Discharge of A Firearm I

SENTENCE:

4yrs

SECURITY/GRADE:

3-C

CRIMINAL HISTORY (AGGRESSIVENESS):

1st time offender

INSTITUTIONAL ADJUSTMENT:

at S.W. found Guilty of Sex Misdemeanor on a 1st

ESCAPE/WARRANTS:

low

MENTAL HEALTH CONCERNS:

Substance abuse

PROGRAM/EDUCATION NEEDS:

8.7 take test Score

GANG AFFILIATION:

BLD

COMMENTS:

PREPARING COUNSELOR:

Roy Haffner

IL/DCA # APPLIED FOR

RCR104 ILLINOIS DEPARTMENT OF CORRECTIONS PAGE: 1
OFFENDER TRACKING SYSTEM: CR RUN DATE: 3/02/96
1/01/96 SECURITY RECLASSIFICATION/ESCAPE RISK RUN TIME: 1.11.18
ME: REED, LENN D. CURRENT LOCATION: BIG MUDDY RIVER
DOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE
IVING UNIT: BMR-02-D -52
SUPERVISION LEVEL:

TYPE OF ACTION: 2. TYPE OF RECLASS: 3. SOURCE OF REQUEST:
ESCAPE RISK REVIEW

ESCAPE RISK REVIEW (SEE A.D.05.110A) (L) (M) (H) (NONE)
A. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH/WITHOUT VIOLENCE IN THE LAST FIVE YEARS
(DATE/SITE:): X
B. INDICATION OF DESIRE/WILLINGNESS TO ESCAPE BY
SELF-ADMISSION OR PREPARATION FOR ESCAPE : X
C. OUTSTANDING IMMIGRATION/MAJOR CRIMINAL CHARGE
WARRANTS (TYPE:): X
D. ESCAPE FROM AN OPEN FACILITY OR PROGRAM NOT
INVOLVING ACTUAL OR THREATENED VIOLENCE)
(DATE/SITE:)
(PAROLE ABSC: CCC UN/24: CCC OV/24:)
BOND VIOL: MIL AWOL: MNTL HLTH FAC:): X
E. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH OR WITHOUT VIOLENCE OVER FIVE YEARS AGO
(DATE/SITE:): X
F. ADJUSTMENT, PERSONAL, OR SOCIAL PROBLEMS
WITHIN OR OUTSIDE THE INSTITUTION : X
G. TYPE/LENGTH OF SENTENCE TIME/MSR: 00 YR 06 MO
(TIME/MSR:Y IND: LIF: NLIF: DTH:): X
H. OTHER(): X

CURRENT DESIGNATION: LOW RECOMMENDED DESIGNATION: LOW

ASSESSED SECURITY DESIGNATION: (SCORING PERIOD BEGINS:)
A. MAJOR DISCIPLINARY SANCTION SCORE (#) (1 OR MORE=6;0=0):
B. SEGREGATION PLACEMENT SCORE (#) (1 OR MORE=4;0=0):
C. SECURITY DESIGNATION SCORE (MAXIMUM=3;MEDIUM/MINIMUM=0):
D. PRIMARY ASSIGNMENT SCORE (#) (7 OR MORE=2;6 OR LESS=0):
E. CURRENT AGE SCORE (22 OR YOUNGER=1;23 OR OLDER=0):
F. TOTAL SCORE :
G. SCORED SECURITY DESIGNATION (0-1=MN,2-5=MD,6+=MX):
H. ADJUSTMENT FOR ESCAPE RISK DESIGNATION:
I. ASSESSED SECURITY DESIGNATION:

ID #6367

***** END OF REPORT *****

TRANSFER COORDINATOR'S SIGNATURE _____ DATE _____

RATIONALE: _____

NO _____

THIS IS AN OVERRIDE OF THE ASSESSED SECURITY DESIGNATION: YES _____

MN MD MX _____

FINAL SECURITY _____

TRANSFER COORDINATOR'S ACTION: _____

WARDEN'S SIGNATURE _____ DATE _____

3-4-96

IF DIFFERENT FROM ASSESSED SECURITY DESIGNATION, RATIONALE: _____

WARDEN'S DESIGNATION: ① M H E MN MD MX _____

ESCAPE RISK SECURITY _____

WARDEN'S ACTION: _____

W/DPS ① M H E ② MN MD MX _____

W/PROG ① M H E ② MN MD MX _____

ECR SPEC ① M H E ② MN MD MX _____

TAFF REVIEW: _____

MS/CSS ① M H E ② MN MD MX _____

DUNSELORE ① M H E ② MN MD MX _____

REPAIRING SIGNATURE _____ TITLE _____ CODE _____ DATE _____

ASSESSED SECURITY DESIGNATION: _____

RECOMMENDED ESCAPE RISK DESIGNATION: LOW

FACILITY REVIEW: _____

1. THREAT TO INST SECURITY
2. ESCAPE RISK DESIGNATION
3. ADDITIONAL OBSERVATION NEEDED
4. TIME TO MSR/MAX RELEASE DATE
5. ADDITIONAL INFORMATION
6. FELONY/IMMIGRATION WARRANTS
7. SERIOUS NATURE OF OFFENSE
8. NATURE OF OFFENSE
9. OVERALL POSITIVE ADJUSTMENT
10. OVERALL NEGATIVE ADJUSTMENT
11. RECENT POSITIVE ADJUSTMENT
12. RECENT NEGATIVE ADJUSTMENT
13. PAST FAILURE IN REDUCED SECURITY
14. SCORED SECURITY DESIGNATION
15. MAJOR CRIMINAL CHARGES PENDING
16. SERIOUS NATURE OF INCIDENT
17. OTHER
18. OTHER
19. OTHER
20. OTHER

RATIONALE FOR SECURITY/ESCAPE RISK VOTES: _____

JUPERVISION LEVEL: _____

(IVING UNIT; BMR-02-D -52

DOC #: B28789

AME; REED, LENN D.

3/01/96

SECURITY RECLASSIFICATION/ESCAPE RISK

RUN DATE: 3/02/96

PAGE: 2

ILLINOIS DEPARTMENT OF CORRECTIONS

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000087

INTR113

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM:TR
TRANSFER REPORT

PAGE 1

DATE: 02/15/96

RUN DATE: 2/15/96
RUN TIME: 16.39.43

NAME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
DOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE
TRANSFER ID #: 004

TYPE OF ACTION: TRANSFER ONLY X CURRENT TRANSFERS: APPROVED 00
RECLASSIFICATION AND TRANSFER PENDING 01

TYPE OF TRANSFER: 3. TRANSFER FROM: 4. TRANSFER TO: 5. OK'D BY MEDICAL DEPT?
YES X NO

REQUEST	GEN POP	GEN POP	
INMATE	DIS SEG	DIS SEG	6. INMATE WANTS TRANSFER?
INST	PRO CUS	PRO CUS	YES NO
ON OFF	INVEST	INVEST	NEUT X UNK
EMERGENCY	MSU X	MSU X	
X DISCIPLINARY	DXN STC	DXN STC	7. TRANSFER HISTORY
ADMINISTRATIVE	WK CAMP	MN PSYC	
ADJUSTMENT	CCC	CCC	TOTAL TRANSFERS 002
OTHER	OTHER	OTHER	DISC. TRANSFERS 000
			TRANSFER DENIALS 001

REQ / REC PLACEMENT (NAME/CODE) BIG MUDDY RIVER / BMR

APPROVED PLACEMENT (NAME/CODE) _____

REASON FOR TRANSFER: PROVIDE EXPLANATION

POOR ADJUSTMENT	DISCIPLINARY X
EDUC/VOC	OTHER PROGRAMS
MEDICAL	VISITATION
OTHER	

COMMENTS:

INMATE FOUND GUILTY OF SEXUAL MISCONDUCT AND ABUSE
PRIVILEGE DURING A VISIT. HE REC'D 30 DAYS
GRADE AND RECOMMENDED MEDIUM TRANSFER.
RECOMMENDED PLACEMENT IS BIG MUDDY RIVER CC

CRITERIA REVIEW: CHECK LOWEST PLACEMENT ALLOWED BY CRITERIA

			MINIMUM	MEDIUM	MAXIMUM
CURRENT SECURITY/DATE :	3	(09/03/95)	X		
ASSESSED SECURITY/DATE :		()			

CURRENT ESC RISK/DATE :	L	(10/23/95)	X
ASSESSED ESC RISK/DATE :		()	

WARRANT FLAG/TYPE:	N	X
--------------------	---	---

TIME TO MSR:	0 YRS 7 MOS	X
TIME TO BOARD DATE:	0 YRS 0 MOS	

>>>PLACEMENT ALLOWED BY A.D. CRITERIA<<< X

>>>EXCEPTION TO CRITERIA REQUESTED<<<

ID #6369

ERT113

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM:TR
TRANSFER REPORT

PAGE 2

DATE: 02/15/96

RUN DATE: 2/15/96
RUN TIME: 16.39.43NAME: REED, LENN D.
DOC #: B28789
TRANSFER ID #: 004CURRENT LOCATION: SOUTHWESTERN ILLINOIS
CURRENT SECURITY: MINIMUM

SEX: MALE

1. RATIONALE FOR TRANSFER:

1. THREAT TO INST SECURITY	14. PREV NEG ADJ AT REQ FACILITY
2. ESCAPE RISK DESIGNATION	15. CRITICAL MENTAL HEALTH NEEDS
3. ADDITIONAL OBSERVATION NEEDED	16. CRITICAL MEDICAL NEEDS
4. TIME TO MSR/MAX RELEASE DATE	17. SUBSTANCE ABUSE
5. ADDITIONAL INFORMATION	18. PROXIMITY TO INMATE'S NEEDS
6. FELONY/IMMIGRATION WARRANTS	19. PC/SAFEKEEPING
7. SERIOUS NATURE OF OFFENSE	20. CRIMINAL HISTORY
8. NATURE OF OFFENSE	21. INSUFFICIENT REASON FOR TRANSFER
9. OVERALL POSITIVE ADJUSTMENT	22. BEDSPACE NEEDS
10. OVERALL NEGATIVE ADJUSTMENT	23. APPROPRIATELY PLACED
11. RECENT POSITIVE ADJUSTMENT	24. TRANSFER REASONS CITED ON PAGE 1
12. RECENT NEGATIVE ADJUSTMENT	25. OTHER
13. PAST FAILURE IN REDUCED SECURITY	26. INMATE REQUEST WITHDRAWN
	27. DENIED CCC/REVIEW ED

3. STAFF REVIEW

REQ / REC PLACEMENT (NAME/CODE) >>>> BIG MUDDY RIVER BMR

	SIGNATURE	TITLE	CODE	DATE	PLACEMENT	RTN
REPAIRING	<u>[Signature]</u>	<u>CCU</u>	<u>2467</u>	<u>2/15/96</u>	<u>BMR</u>	<u>24</u>
JUNSELOR	<u>[Signature]</u>	<u>CWS</u>	<u>2225</u>	<u>2/16/96</u>	<u>BMR</u>	<u>24</u>
UPERVISOR	<u>[Signature]</u>					
SN OFF/CHM						
SN COM						
SN COM						
NIT SUPT						
J/PROC	<u>[Signature]</u>	<u>AWD</u>	<u>0770</u>	<u>2/16/96</u>	<u>BMR</u>	<u>24</u>
J/OPS	<u>[Signature]</u>	<u>AWD</u>	<u>2074</u>	<u>2/16/96</u>	<u>BMR</u>	<u>21</u>

3. WARDEN ACTION:

TRANSFER: APPROVED X DENIED _____ PLACEMENT BMR

IF TRANSFER IS DENIED, RATIONALE: _____

IF APPROVED AND PLACEMENT DIFFERS FROM RECOMMENDED, RATIONALE: _____

[Signature] 2-16-96

WARDEN SIGNATURE DATE

4. TRANSFER COORDINATOR ACTION:

TRANSFER: APPROVED _____ DENIED _____ FINAL PLACEMENT BMR

IF TRANSFER IS DENIED, RATIONALE: _____

IF APPROVED AND PLACEMENT DIFFERS FROM WARDEN, RATIONALE: _____

IDOC SUBPOENA RESPONSE

2-20-96
PLAINTIFFS 000089

RCR104 ILLINOIS DEPARTMENT OF CORRECTIONS PAGE: 1
OFFENDER TRACKING SYSTEM: CR RUN DATE: 2/15/96
2/15/96 SECURITY RECLASSIFICATION/ESCAPE RISK RUN TIME: 15.18.16
NAME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
DOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE
LIVING UNIT: SUC-01-B -08
SUPERVISION LEVEL:

1. TYPE OF ACTION: RECLASSIFICATION 2. TYPE OF RECLASS: DISC. 3. SOURCE OF REQUEST: INST

ESCAPE RISK REVIEW (SEE A.D.05.110A) (L) (M) (H) (NONE)
A. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH/WITHOUT VIOLENCE IN THE LAST FIVE YEARS
(DATE/SITE:) : X
B. INDICATION OF DESIRE/WILLINGNESS TO ESCAPE BY
SELF-ADMISSION OR PREPARATION FOR ESCAPE : X
C. OUTSTANDING IMMIGRATION/MAJOR CRIMINAL CHARGE
WARRANTS (TYPE:) : X
D. ESCAPE FROM AN OPEN FACILITY OR PROGRAM NOT
INVOLVING ACTUAL OR THREATENED VIOLENCE
(DATE/SITE:)
(PAROLE ABSC: CCC UN/24: CCC OV/24:)
BOND VIOL: MIL AWOL: MNTL HLTH FAC:) : X
E. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH OR WITHOUT VIOLENCE OVER FIVE YEARS AGO
(DATE/SITE:) : X
F. ADJUSTMENT, PERSONAL, OR SOCIAL PROBLEMS
WITHIN OR OUTSIDE THE INSTITUTION : X
G. TYPE/LENGTH OF SENTENCE TIME/MSR: 00 YR 07 MO
(TIME/MSR:Y IND: LIF: NLIF: DTH:) : X
H. OTHER() : X

CURRENT DESIGNATION: LOW RECOMMENDED DESIGNATION: LOW

I. ASSESSED SECURITY DESIGNATION: (SCORING PERIOD BEGINS: 02/15/96)

A. MAJOR DISCIPLINARY SANCTION SCORE (# 000) (1 OR MORE=6;0=0): 0
B. SEGREGATION PLACEMENT SCORE (# 000) (1 OR MORE=4;0=0): 0
C. SECURITY DESIGNATION SCORE (MAXIMUM=3;MEDIUM/MINIMUM=0): 0
D. PRIMARY ASSIGNMENT SCORE (# 004) (7 OR MORE=2;6 OR LESS=0): 0
E. CURRENT AGE SCORE (22 OR YOUNGER=1;23 OR OLDER=0): 1
F. TOTAL SCORE : 01
G. SCORED SECURITY DESIGNATION (0-1=MN,2-5=MD,6+=MX): MINIMUM
H. ADJUSTMENT FOR ESCAPE RISK DESIGNATION: MINIMUM
I. ASSESSED SECURITY DESIGNATION: MINIMUM

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000090

ECR104 ILLINOIS DEPARTMENT OF CORRECTIONS PAGE: 2
 OFFENDER TRACKING SYSTEM: CR RUN DATE: 2/15/96
 2/15/96 SECURITY RECLASSIFICATION/ESCAPE RISK RUN TIME: 15.18.16
 NAME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
 DOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE
 LIVING UNIT: SWC-01-B -08
 SUPERVISION LEVEL:

 RATIONALE FOR SECURITY/ESCAPE RISK VOTES:

- | | |
|----------------------------------|---|
| 1. THREAT TO INST SECURITY | 11. RECENT POSITIVE ADJUSTMENT |
| 2. ESCAPE RISK DESIGNATION | 12. RECENT NEGATIVE ADJUSTMENT |
| 3. ADDITIONAL OBSERVATION NEEDED | 13. PAST FAILURE IN REDUCED SECURITY |
| 4. TIME TO MSR/MAX RELEASE DATE | 14. SCORED SECURITY DESIGNATION |
| 5. ADDITIONAL INFORMATION | 15. MAJOR CRIMINAL CHARGES PENDING |
| 6. FELONY/IMMIGRATION WARRANTS | 16. SERIOUS NATURE OF INCIDENT |
| 7. SERIOUS NATURE OF OFFENSE | 17. OTHER <u>transfer to Med security</u> |
| 8. NATURE OF OFFENSE | 18. OTHER _____ |
| 9. OVERALL POSITIVE ADJUSTMENT | 19. OTHER _____ |
| 10. OVERALL NEGATIVE ADJUSTMENT | 20. OTHER _____ |

 FACILITY REVIEW:

RECOMMENDED ESCAPE RISK DESIGNATION: LOW
 ASSESSED SECURITY DESIGNATION: MINIMUM

SIGNATURE	TITLE	CODE	DATE	VOTE	RTN	VOTE	RTN
REPAIRING COUNSELOR <u>[Signature]</u>	<u>LOW</u>	<u>2467</u>	<u>2/15/96</u>	<u>(L)</u> M H	<u>2</u> MN	<u>(MD)</u> MX	<u>17</u>
JS/CSS <u>[Signature]</u>	<u>LOW</u>	<u>2229</u>	<u>2/16/96</u>	<u>(L)</u> M H	<u>2</u> MN	<u>(MD)</u> MX	<u>12</u>

 STAFF REVIEW:

ECR SPEC _____ L M H E _____
 J/PROG [Signature] PROG 0000 2/16/96 (L) M H E 2 MN (MD) MX 12
 J/OPS [Signature] OPS 0000 2/16/96 (L) M H E 2 MN (MD) MX 12

WARDEN'S ACTION:

ESCAPE RISK SECURITY
 WARDEN'S DESIGNATION: (L) M H E MN (MD) MX

IF DIFFERENT FROM ASSESSED SECURITY DESIGNATION, RATIONALE: _____

[Signature] 2/16-96
 WARDEN'S SIGNATURE DATE

 TRANSFER COORDINATOR'S ACTION:

FINAL SECURITY

MN (MD) MX

THIS IS AN OVERRIDE OF THE ASSESSED SECURITY DESIGNATION: YES ✓

NO _____

RATIONALE: 12

TRANSFER COORDINATOR'S SIGNATURE

DATE

IRCR106

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 1

OFFENDER TRACKING SYSTEM: CR

RUN DATE: 2/15/96

DATE: 02/15/96

INMATE DATA SUMMARY

RUN TIME: 15.19.34

NAME: REED, LENN D.

CURRENT LOCATION: SOUTHWESTERN ILLINOIS

DOC #: B29789

CURRENT SECURITY: MINIMUM

SEX: MALE

IDENTIFICATION DATA:

MARKS/SCARS(LOC):

HEIGHT: 5' 09"

TAT CHEST HEART, B.S. U.F.; CHEST; BITE MARK

WEIGHT: 154

DATE OF BIRTH: 05/11/77

AGE: 18

EYE COLOR: BROWN

HAIR COLOR: BLACK

RACE: BLACK

ETHNIC PREF: BLACK

INCARCERATION DATA:

GRADE: A

CURRENT SECURITY:

MINIMUM

EFFECTIVE DATE: 06/22/95

EFFECTIVE DATE:

09/03/95

PROJ RETURN TO "A":

LAST RECLASS DATE:

09/07/95

CURRENT ESCAPE RISK: LOW

CURRENT SUPERVISION LVL:

OUTSTANDING WARRANTS: NO

EFFECTIVE DATE:

KEEP SEPARATE FROM: NO

LAST REVIEW DATE:

2/15/96

VICTIM NOTIFICATION: NO

SENTENCE DATA:

ADMISSION TYPE: DFC

CURRENT ADMIT DATE:

06/22/1995

NEXT BOARD DATE: N/A

PROJECTED MSR DATE:

09/06/1996

FIRST BOARD DATE: 9/6/96

MSR DISCHARGE DATE:

09/06/1998

OF BOARD APPEARANCES:

SEX OFFENDER REGISTRY REQD: NO

OFFENSE DESCRIPTION: COM COUNTY

CL MIN SENTENCE / MAX SENTENCE

CS/CC

AGGRAVATED DISCHARGE/FIRE MADISON

1 0004 00 0000 0004 00 0000

CC

PRIOR ASSAULT TICKETS: DR504, TABLE A - OFFENSE #102

TOTAL # ASSAULTES
TICKETS INJURED?LAST ASSAULT
TICKET DATEINST
CODEASSAULTES
INJURED?

STAFF ASSAULT: 0 YES NO X

0/0/0

YES NO X

INMATE ASSAULT: 0 YES NO X

0/0/0

YES NO X

DISCIPLINARY SUMMARY: NUMBER OF

LAST 6
MONTHSPRIOR 6
MONTHS06/22/95-
02/15/96

DISCIPLINARY REPORTS WITH GUILTY OUTCOMES:

TOTAL MAJOR TICKETS

1

0

1

TOTAL MINOR TICKETS

7

0

7

ISC. SEG PLACEMENTS/TOTAL DAYS SENTENCED:

0/0

0/0

0/0

GRADE REDUCTIONS/TOTAL LENGTH: "B"

0/0

0/0

0/0

"C"

1/30

0/0

1/30

DAY-FOR-DAY GOODTIME: REVOKED

0

0

0

RESTORED

0

0

0

CREDITABLE GOODTIME AWARDED:

90

0

90

PRCR106

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 2

OFFENDER TRACKING SYSTEM: CR

RUN DATE: 2/15/96

DATE: 02/15/96

INMATE DATA SUMMARY

RUN TIME: 15.19.34

NAME: REED, LENN D.

CURRENT LOCATION: SOUTHWESTERN ILLINOIS

DOC #: B28789

CURRENT SECURITY: MINIMUM

SEX: MALE

DOC #: B28789 NAME: REED, LENN D. HOUSE SAL CELL
LIVING UNIT: 01 B 08

IST	ASSIGNMENT/JOB DESCRIPTION	P	STARTING DATE	ENDING DATE	TERMINATION REASON	DATE
JC	TEMP CONFINEMENT, ROOM RESTRICTIO	Y	02/07/96		ACTIVE	
JC	ED/VOC EARNED TIME, PARTICIPANT	N	11/14/95	01/15/96	NCMP	02/09/96
JC	S.E.D. I, STUDENT	Y	11/13/95		DISP	02/06/96
JC	LOSS PRIV, GYM/YARD	N	01/05/96	01/18/96	CMPL	01/18/96
JC	LOSS PRIV, COMMISSARY	N	12/15/95	12/28/95	CMPL	12/28/95
JC	UNASSIGNED, PARTICIPANT	Y	11/06/95		CHNG	11/12/95
JC	WORK CAMP, PARTICIPANT	N	10/25/95		OTH	11/06/95
JC	ROAD CREW, WORKER	Y	10/26/95		OTH	11/06/95
JC	ORIENTATION, PARTICIPANT	Y	10/19/95		OTH	10/26/95
RA	DIETARY DEPT., WORKER	Y	07/21/95		TRAN	10/18/95
RA	ED/VOC EARNED TIME, PARTICIPANT	N	08/14/95	11/14/95	TRAN	10/18/95
RA	VOC-COOP WORK TRNG, STUDENT	N	08/13/95		TRAN	10/18/95
RA	ORIENTATION, PARTICIPANT	Y	07/13/95		CHNG	07/20/95
RC	UNASSIGNED(NO PAY), PARTICIPANT	N	06/22/95	07/22/95	CMPL	07/13/95
RC	DIAGNOSTIC, PARTICIPANT	Y	06/22/95		CMPL	07/12/95

IRCR106 ILLINOIS DEPARTMENT OF CORRECTIONS PAGE: 3
OFFENDER TRACKING SYSTEM: CR RUN DATE: 2/15/96
DATE OF DATE: 02/15/96 INMATE DATA SUMMARY RUN TIME: 15.19.34
NAME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
DOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE

INMATE DENIED CONTACTS--KEEP SEPARATE FROM
** DECLARED BY INMATE **

SOURCE INST	CURRENT INST	PARENT INST	INMATE ID	INMATE NAME	RSN	CNSLR ID	EFFECTIVE DATE
NO DECLARED CONTACTS							

INMATE DENIED CONTACTS--KEEP SEPARATE FROM
** INMATE IS DECLARED **

SOURCE INST	CURRENT INST	PARENT INST	INMATE ID	INMATE NAME	RSN	CNSLR ID	EFFECTIVE DATE
NOT A DECLARED CONTACT							

RCR106 ILLINOIS DEPARTMENT OF CORRECTIONS PAGE: 4
OFFENDER TRACKING SYSTEM: CR RUN DATE: 2/15/96
DATE: 02/15/96 INMATE DATA SUMMARY RUN TIME: 15.19.34
NAME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
DOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE

NICKNAMES/AKA'S:	INDICATE NICKNAME	EFFECTIVE DATE
REED, GLENN	A	08/17/95
REED, LENN D.	A	08/17/95
REED, LENNY	A	08/17/95

GANG AFFILIATIONS :

REPORTED GANG	TYPE	EFF DATE	INST	POSITION
BLACK GANGSTER DISCI	MAJOR	09/01/95	GRA	ASSOCIATE
GANGSTER DISCIPLES	MINOR	09/01/95	GRA	MEMBER

RUN DATE
2-15-96

ILLINOIS DEPARTMENT OF CORRECTIONS-OTS

Page 4

DATA SUMMARY REPORT

NAME:Lenn Reed
IDOC #:B28789

CURRENT LOCATION: SOUTHWESTERN ILLINOIS CC
CURRENT SECURITY: MINIMUM

DCA 9035

Sex: Male

1. NICKNAMES/AKA'S: See Inmate Data Summary

2. GANG AFFILIATION/RANK: Black Gangster Disciples / Associate

3. ADMINISTRATIVE CONCERNS:

A. PREVIOUS ADMINISTRATIVE TRANSFERS INVOLVING THE SAFETY AND SECURITY OF THE INSTITUTION. None noted

B. ANY DOCUMENTED ESCAPE OR ATTEMPTED ESCAPE FROM A SECURE CONFINEMENT OR SECURITY ESCORT. None noted

C. PRIOR ASSAULTS:

PRIOR ASSAULT TICKETS: DR 504. TABLE A-OFFENSE #102

	TOTAL# TICKETS	ASSAULTEES INJURED?	LAST ASSAULT TICKET DATE	INTS. CODE	ASSAULTEES INJURED?
STAFF ASSAULT:	<u>0</u>	YES__ NO <u>X</u>	<u>0/ 0/ 0</u>	<u> </u>	YES__ NO <u>X</u>
INMATE ASSAULT:	<u>0</u>	YES__ NO <u>X</u>	<u>0/ 0/ 0</u>	<u> </u>	YES__ NO <u>X</u>

D. ANY EXTRAORDINARY PROTECTIVE CUSTODY NEEDS. None noted

E. ANY DANGEROUS DISTURBANCES INVOLVING VIOLENCE: None noted

F. ANY DISCIPLINARY REPORT WITH A GUILTY OUTCOME AND A DISPOSITION INCLUDING THE LOSS OF 30 OR MORE DAYS GOOD CONDUCT CREDITS. None noted

4. CRITICAL SPECIAL NEEDS (FOR TRANSFERS ONLY): None noted

5. STAFF COMMENTS AND OBSERVATIONS: Found guilty of sexual misconduct during visitation.

ERTR113

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM:TR
TRANSFER REPORT

PAGE 1

3 OF DATE: 02/15/96

RUN DATE: 2/15/96
RUN TIME: 16.39.43

NAME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
DOC #: B38789 CURRENT SECURITY: MINIMUM SEX: MALE
TRANSFER ID #: 004

. TYPE OF ACTION: TRANSFER ONLY X CURRENT TRANSFERS: APPROVED 00
RECLASSIFICATION AND TRANSFER PENDING 01

.TYPE OF TRANSFER: 3.TRANSFER FROM: 4.TRANSFER TO: 5.OK'D BY MEDICAL DEPT?
YES X NO

REQUEST	GEN POP	GEN POP	
INMATE	DIS SEG	DIS SEG	6.INMATE WANTS TRANSFER?
INST	PRO CUS	PRO CUS	YES NO
GN OFF	INVEST	INVEST	NEUT X UNK
EMERGENCY	MSU X	MSU X	
X DISCIPLINARY	DXN STC	DXN STC	7.TRANSFER HISTORY
ADMINISTRATIVE	WK CAMP	MN PSYC	
ADJUSTMENT	CCC	CCC	TOTAL TRANSFERS 002
OTHER	OTHER	OTHER	DISC. TRANSFERS 000
			TRANSFER DENIALS 001

. REQ / REC PLACEMENT (NAME/CODE) BIG MUDDY RIVER / BMR

APPROVED PLACEMENT (NAME/CODE) _____

. REASON FOR TRANSFER: PROVIDE EXPLANATION

DOC ADJUSTMENT	POOR ADJUSTMENT	DISCIPLINARY X
ADMINISTRATIVE	EDUC/VOC	OTHER PROGRAMS
MENTAL HEALTH	MEDICAL	VISITATION
EDSPACE	OTHER	

COMMENTS:

INMATE FOUND GUILTY OF SEXUAL MISCONDUCT AND ABUSE
- PRIVILEGE DURING A VISIT. HE REC'D 30 DAYS
GRADE AND RECOMMENDED MEDIUM TRANSFER.
RECOMMENDED PLACEMENT IS BIG MUDDY RIVER CC

D. CRITERIA REVIEW: CHECK LOWEST PLACEMENT ALLOWED BY CRITERIA

			MINIMUM	MEDIUM	MAXIMUM
CURRENT SECURITY/DATE :	3	(09/03/95)	X		
ASSESSED SECURITY/DATE :		()			

CURRENT ESC RISK/DATE :	L	(10/23/95)	X
ASSESSED ESC RISK/DATE :		()	

WARRANT FLAG/TYPE:	N	X
--------------------	---	---

TIME TO MSR:	0 YRS 7 MOS	X
TIME TO BOARD DATE:	0 YRS 0 MOS	

>>>PLACEMENT ALLOWED BY A.D. CRITERIA<<< X

>>>EXCEPTION TO CRITERIA REQUESTED<<<

ID #6378

ERT113

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM:TR
TRANSFER REPORT

PAGE 2

3 OF DATE: 02/15/96

RUN DATE: 2/15/96
RUN TIME: 16.39.43NAME: REED, LENN D.
DOC #: B28789
TRANSFER ID #: 004CURRENT LOCATION: SOUTHWESTERN ILLINOIS
CURRENT SECURITY: MINIMUM SEX: MALE

1. RATIONALE FOR TRANSFER:

1. THREAT TO INST SECURITY	14. PREV NEG ADJ AT REQ FACILITY
2. ESCAPE RISK DESIGNATION	15. CRITICAL MENTAL HEALTH NEEDS
3. ADDITIONAL OBSERVATION NEEDED	16. CRITICAL MEDICAL NEEDS
4. TIME TO MSR/MAX RELEASE DATE	17. SUBSTANCE ABUSE
5. ADDITIONAL INFORMATION	18. PROXIMITY TO INMATE'S NEEDS
6. FELONY/IMMIGRATION WARRANTS	19. PC/SAFEKEEPING
7. SERIOUS NATURE OF OFFENSE	20. CRIMINAL HISTORY
8. NATURE OF OFFENSE	21. INSUFFICIENT REASON FOR TRANSFER
9. OVERALL POSITIVE ADJUSTMENT	22. BEDSPACE NEEDS
10. OVERALL NEGATIVE ADJUSTMENT	23. APPROPRIATELY PLACED
11. RECENT POSITIVE ADJUSTMENT	24. TRANSFER REASONS CITED ON PAGE 1
12. RECENT NEGATIVE ADJUSTMENT	25. OTHER
13. PAST FAILURE IN REDUCED SECURITY	26. INMATE REQUEST WITHDRAWN
	27. DENIED CCC/REVIEW ED

3. STAFF REVIEW

REQ / REC PLACEMENT (NAME/CODE) >>>> BIG MUDDY RIVER BMR

	SIGNATURE	TITLE	CODE	DATE	PLACEMENT	RTN
REPAIRING	<u>[Signature]</u>	<u>CCW</u>	<u>2467</u>	<u>2/15/96</u>	<u>BMR</u>	<u>24</u>
DUNSELMAN	<u>[Signature]</u>	<u>CWS</u>	<u>2225</u>	<u>2/16/96</u>	<u>BMR</u>	<u>24</u>
UPERVISOR	<u>[Signature]</u>					
SN OFF/CHM						
SN COM						
SN COM						
VIT SUPT						
J/PROG	<u>[Signature]</u>	<u>AWD</u>	<u>0770</u>	<u>2/16/96</u>	<u>BMR</u>	<u>24</u>
J/OPS	<u>[Signature]</u>	<u>AWD</u>	<u>2024</u>	<u>2/16/96</u>	<u>BMR</u>	<u>21</u>

3. WARDEN ACTION:

TRANSFER: APPROVED X DENIED _____ PLACEMENT BMR

IF TRANSFER IS DENIED, RATIONALE: _____

IF APPROVED AND PLACEMENT DIFFERS FROM RECOMMENDED, RATIONALE: _____

[Signature] 2-16-96

WARDEN SIGNATURE DATE

4. TRANSFER COORDINATOR ACTION:

TRANSFER: APPROVED _____ DENIED _____ FINAL PLACEMENT _____

IF TRANSFER IS DENIED, RATIONALE: _____

IF APPROVED AND PLACEMENT DIFFERS FROM WARDEN , RATIONALE: _____

ID #6379

RCR104

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 1

2/15/96

OFFENDER TRACKING SYSTEM: CR

RUN DATE: 2/15/96

NAME: REED, LENN D.

SECURITY RECLASSIFICATION/ESCAPE RISK

RUN TIME: 15.18.16

DOC #: B28789

CURRENT LOCATION: SOUTHWESTERN ILLINOIS

DIVISION UNIT: SWC-01-B -08

CURRENT SECURITY: MINIMUM

SEX: MALE

SUPERVISION LEVEL:

1. TYPE OF ACTION:	2. TYPE OF RECLASS:	3. SOURCE OF REQUEST:
RECLASSIFICATION	DISC.	INST

ESCAPE RISK REVIEW (SEE A.D.05.110A)	(L)	(M)	(H)	(NONE)
--------------------------------------	-----	-----	-----	--------

A. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH/WITHOUT VIOLENCE IN THE LAST FIVE YEARS
(DATE/SITE:):

X

B. INDICATION OF DESIRE/WILLINGNESS TO ESCAPE BY
SELF-ADMISSION OR PREPARATION FOR ESCAPE :

X

C. OUTSTANDING IMMIGRATION/MAJOR CRIMINAL CHARGE
WARRANTS (TYPE:):

X

D. ESCAPE FROM AN OPEN FACILITY OR PROGRAM NOT
INVOLVING ACTUAL OR THREATENED VIOLENCE
(DATE/SITE:)

(PAROLE ABSC: CCC UN/24: CCC OV/24:)
BOND VIOL: MIL AWOL: MNTL HLTH FAC:):

X

E. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH OR WITHOUT VIOLENCE OVER FIVE YEARS AGO
(DATE/SITE:):

X

F. ADJUSTMENT, PERSONAL, OR SOCIAL PROBLEMS
WITHIN OR OUTSIDE THE INSTITUTION :

X

G. TYPE/LENGTH OF SENTENCE TIME/MSR: 00 YR 07 MO
(TIME/MSR:Y IND: LIF: NLIF: DTH:):

X

H. OTHER():

X

CURRENT DESIGNATION: LOW RECOMMENDED DESIGNATION: LOW

ASSESSSED SECURITY DESIGNATION: (SCORING PERIOD BEGINS: 02/15/96)

A. MAJOR DISCIPLINARY SANCTION SCORE (# 000) (1 OR MORE=6;0=0): 0

B. SEGREGATION PLACEMENT SCORE (# 000) (1 OR MORE=4;0=0): 0

C. SECURITY DESIGNATION SCORE (MAXIMUM=3;MEDIUM/MINIMUM=0): 0

D. PRIMARY ASSIGNMENT SCORE (# 004) (7 OR MORE=3;6 OR LESS=0): 0

E. CURRENT AGE SCORE (22 OR YOUNGER=1;23 OR OLDER=0): 1

F. TOTAL SCORE : 01

G. SCORED SECURITY DESIGNATION (0-1=MN,2-5=MD,6+=MX): MINIMUM

H. ADJUSTMENT FOR ESCAPE RISK DESIGNATION: MINIMUM

I. ASSESSED SECURITY DESIGNATION: MINIMUM

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000099

ECRC104

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 2

OFFENDER TRACKING SYSTEM: CR

RUN DATE: 2/15/96

2/15/96

SECURITY RECLASSIFICATION/ESCAPE RISK

RUN TIME: 15.18.16

NAME: REED, LENN D.

CURRENT LOCATION: SOUTHWESTERN ILLINOIS

DOC #: B28789

CURRENT SECURITY: MINIMUM

SEX: MALE

LIVING UNIT: SWC-01-B -08

SUPERVISION LEVEL:

 . RATIONALE FOR SECURITY/ESCAPE RISK VOTES:

- | | |
|----------------------------------|---|
| 1. THREAT TO INST SECURITY | 11. RECENT POSITIVE ADJUSTMENT |
| 2. ESCAPE RISK DESIGNATION | 12. RECENT NEGATIVE ADJUSTMENT |
| 3. ADDITIONAL OBSERVATION NEEDED | 13. PAST FAILURE IN REDUCED SECURITY |
| 4. TIME TO MSR/MAX RELEASE DATE | 14. SCORED SECURITY DESIGNATION |
| 5. ADDITIONAL INFORMATION | 15. MAJOR CRIMINAL CHARGES PENDING |
| 6. FELONY/IMMIGRATION WARRANTS | 16. SERIOUS NATURE OF INCIDENT |
| 7. SERIOUS NATURE OF OFFENSE | 17. OTHER <u>transfer to Med Security</u> |
| 8. NATURE OF OFFENSE | 18. OTHER _____ |
| 9. OVERALL POSITIVE ADJUSTMENT | 19. OTHER _____ |
| 10. OVERALL NEGATIVE ADJUSTMENT | 20. OTHER _____ |

 . FACILITY REVIEW: ESCAPE RISK SECURITY

RECOMMENDED ESCAPE RISK DESIGNATION: LOW

ASSESSED SECURITY DESIGNATION:

SIGNATURE	TITLE	CODE	DATE	VOTE	RTN	MINIMUM	VOTE	RTN
REPAIRING COUNSELOR <u>[Signature]</u>	<u>COIN</u>	<u>2467</u>	<u>2/15/96</u>	<u>(L)</u> M H	<u>2</u>	MN	<u>(MD)</u>	MX <u>17</u>
JS/CSS <u>[Signature]</u>	<u>QOS</u>	<u>2225</u>	<u>2/16/96</u>	<u>(L)</u> M H	<u>2</u>	MN	<u>(MD)</u>	MX <u>12</u>

STAFF REVIEW:

ECR SPEC _____ L M H E _____

W/PROG <u>[Signature]</u>	<u>BUS</u>	<u>0770</u>	<u>2/16/96</u>	<u>(L)</u> M H E	<u>2</u>	MN	<u>(MD)</u>	MX <u>12</u>
W/OPS <u>[Signature]</u>	<u>BUS</u>	<u>0770</u>	<u>2/16/96</u>	<u>(L)</u> M H E	<u>2</u>	MN	<u>(MD)</u>	MX <u>12</u>

 . WARDEN'S ACTION: ESCAPE RISK SECURITY

WARDEN'S DESIGNATION: (L) M H E MN (MD) MX

IF DIFFERENT FROM ASSESSED SECURITY DESIGNATION, RATIONALE: _____

[Signature]

WARDEN'S SIGNATURE

2/16-96

DATE

 . TRANSFER COORDINATOR'S ACTION: FINAL SECURITY

MN MD MX

THIS IS AN OVERRIDE OF THE ASSESSED SECURITY DESIGNATION: YES _____

NO _____

RATIONALE: _____

TRANSFER COORDINATOR'S SIGNATURE

DATE

ERCR106

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 1

OFFENDER TRACKING SYSTEM: CR

RUN DATE: 2/15/96

3 OF DATE: 02/15/96

INMATE DATA SUMMARY

RUN TIME: 15.19.34

NAME: REED, LENN D.

CURRENT LOCATION: SOUTHWESTERN ILLINOIS

JOC #: B28789

CURRENT SECURITY: MINIMUM

SEX: MALE

IDENTIFICATION DATA:

MARKS/SCARS(LOC):

HEIGHT: 5' 09"

TAT CHEST HEART, B.S. U.F.; CHEST; BITE MARK

WEIGHT: 154

DATE OF BIRTH: 05/11/77

AGE: 18

EYE COLOR: BROWN

HAIR COLOR: BLACK

RACE: BLACK

ETHNIC PREF: BLACK

INCARCERATION DATA:

GRADE: A

CURRENT SECURITY:

MINIMUM

EFFECTIVE DATE: 06/22/95

EFFECTIVE DATE:

09/03/95

PROJ RETURN TO "A":

LAST RECLASS DATE:

09/07/95

CURRENT ESCAPE RISK: LOW

CURRENT SUPERVISION LVL:

OUTSTANDING WARRANTS: NO

EFFECTIVE DATE:

KEEP SEPARATE FROM: NO

LAST REVIEW DATE:

2/15/96

VICTIM NOTIFICATION: NO

SENTENCE DATA:

ADMISSION TYPE:

DFC

CURRENT ADMIT DATE:

06/22/1995

NEXT BOARD DATE:

N/A

PROJECTED MSR DATE:

09/06/1996

FIRST BOARD DATE:

9/6/96

MSR DISCHARGE DATE:

09/06/1998

OF BOARD APPEARANCES:

SEX OFFENDER REGISTRY REQD: NO

OFFENSE DESCRIPTION: COM COUNTY

CL MIN SENTENCE / MAX SENTENCE

CS/CC

GRAVATED DISCHARGE/FIRE MADISON

1 0004 00 0000

0004 00 0000

CC

PRIOR ASSAULT TICKETS: DR504, TABLE A - OFFENSE #102

TOTAL #

ASSAULTES

LAST ASSAULT

INST

ASSAULTES

TICKETS

INJURED?

TICKET DATE

CODE

INJURED?

STAFF ASSAULT:

0

YES NO X

0/0/0

YES NO X

INMATE ASSAULT:

0

YES NO X

0/0/0

YES NO X

DISCIPLINARY SUMMARY: NUMBER OF

LAST 6

PRIOR 6

06/22/95-

MONTHS

MONTHS

02/15/96

DISCIPLINARY REPORTS WITH GUILTY OUTCOMES:

TOTAL MAJOR TICKETS

1

0

1

TOTAL MINOR TICKETS

7

0

7

ISC. SEG PLACEMENTS/TOTAL DAYS SENTENCED:

0/0

0/0

0/0

RADE REDUCTIONS/TOTAL LENGTH: "B"

0/0

0/0

0/0

"C"

1/30

0/0

1/30

AY-FOR-DAY GOODTIME: REVOKED

0

0

0

RESTORED

0

0

0

ERITORIOUS GOODTIME AWARDED:

90

0

90

IRCR106

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 2

OFFENDER TRACKING SYSTEM: CR

RUN DATE: 2/15/96

3 OF DATE: 02/15/96

INMATE DATA SUMMARY

RUN TIME: 15.19.34

AME: REED, LENN D.

CURRENT LOCATION: SOUTHWESTERN ILLINOIS

JOC #: B28789

CURRENT SECURITY: MINIMUM

SEX: MALE

JOC #: B28789 NAME: REED, LENN D. LIVING UNIT: 01 B 08 HOUSE GAL CELL

IST	ASSIGNMENT/JOB DESCRIPTION	P	STARTING DATE	ENDING DATE	TERMINATION REASON	DATE
JC	TEMP CONFINEMENT, ROOM RESTRICTIO	Y	02/07/96		ACTIVE	
JC	ED/VOC EARNED TIME, PARTICIPANT	N	11/14/95	01/15/96	NCMP	02/09/96
JC	G.E.D. I, STUDENT	Y	11/13/95		DISP	02/06/96
JC	LOSS PRIV, GYM/YARD	N	01/05/96	01/18/96	CMPL	01/18/96
JC	LOSS PRIV, COMMISSARY	N	12/15/95	12/28/95	CMPL	12/28/95
JC	UNASSIGNED, PARTICIPANT	Y	11/06/95		CHNG	11/12/95
JC	WORK CAMP, PARTICIPANT	N	10/25/95		OTH	11/06/95
JC	ROAD CREW, WORKER	Y	10/26/95		OTH	11/06/95
JC	ORIENTATION, PARTICIPANT	Y	10/19/95		OTH	10/26/95
RA	DIETARY DEPT., WORKER	Y	07/21/95		TRAN	10/18/95
RA	ED/VOC EARNED TIME, PARTICIPANT	N	08/14/95	11/14/95	TRAN	10/18/95
RA	VOC-COOP WORK TRNG, STUDENT	N	08/13/95		TRAN	10/18/95
RA	ORIENTATION, PARTICIPANT	Y	07/13/95		CHNG	07/20/95
RC	UNASSIGNED(NO PAY), PARTICIPANT	N	06/22/95	07/22/95	CMPL	07/13/95
RC	DIAGNOSTIC, PARTICIPANT	Y	06/22/95		CMPL	07/12/95

IRCR106

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 3

OFFENDER TRACKING SYSTEM: CR

RUN DATE: 2/15/96

3 OF DATE: 02/15/96

INMATE DATA SUMMARY

RUN TIME: 15.19.34

NAME: REED, LENN D.

CURRENT LOCATION: SOUTHWESTERN ILLINOIS

JOC #: B28789

CURRENT SECURITY: MINIMUM

SEX: MALE

INMATE DENIED CONTACTS--KEEP SEPARATE FROM

** DECLARED BY INMATE **

JURCE INST	CURRENT INST	PARENT INST	INMATE ID	INMATE NAME	RSN	CNSLR ID	EFFECTIVE DATE
---------------	-----------------	----------------	--------------	----------------	-----	-------------	-------------------

NO DECLARED CONTACTS

INMATE DENIED CONTACTS--KEEP SEPARATE FROM

** INMATE IS DECLARED **

JURCE INST	CURRENT INST	PARENT INST	INMATE ID	INMATE NAME	RSN	CNSLR ID	EFFECTIVE DATE
---------------	-----------------	----------------	--------------	----------------	-----	-------------	-------------------

NOT A DECLARED CONTACT

RUN DATE
2-15-96

ILLINOIS DEPARTMENT OF CORRECTIONS-OTS

Page 4

DATA SUMMARY REPORT

NAME:Lenn Reed
IDOC #:B28789

CURRENT LOCATION: SOUTHWESTERN ILLINOIS CC
CURRENT SECURITY: MINIMUM

DCA 9035

Sex: Male

1. NICKNAMES/AKA'S: See Inmate Data Summary

2. GANG AFFILIATION/RANK: Black Gangster Disciples / Associate

3. ADMINISTRATIVE CONCERNS:

A. PREVIOUS ADMINISTRATIVE TRANSFERS INVOLVING THE SAFETY AND SECURITY OF THE INSTITUTION. None noted

B. ANY DOCUMENTED ESCAPE OR ATTEMPTED ESCAPE FROM A SECURE CONFINEMENT OR SECURITY ESCORT. None noted

C. PRIOR ASSAULTS:

PRIOR ASSAULT TICKETS: DR 504. TABLE A-OFFENSE #102

	TOTAL# TICKETS	ASSAULTEES INJURED?	LAST ASSAULT TICKET DATE	INTS. CODE	ASSAULTEES INJURED?
STAFF ASSAULT:	<u>0</u>	YES__ NO <u>X</u>	<u>0/ 0/ 0</u>	_____	YES__ NO <u>X</u>
INMATE ASSAULT:	<u>0</u>	YES__ NO <u>X</u>	<u>0/ 0/ 0</u>	_____	YES__ NO <u>X</u>

D. ANY EXTRAORDINARY PROTECTIVE CUSTODY NEEDS. None noted

E. ANY DANGEROUS DISTURBANCES INVOLVING VIOLENCE: None noted

F. ANY DISCIPLINARY REPORT WITH A GUILTY OUTCOME AND A DISPOSITION INCLUDING THE LOSS OF 30 OR MORE DAYS GOOD CONDUCT CREDITS. None noted

4. CRITICAL SPECIAL NEEDS (FOR TRANSFERS ONLY): None noted

5. STAFF COMMENTS AND OBSERVATIONS: Found guilty of sexual misconduct during visitation.

ENTR113 ILLINOIS DEPARTMENT OF CORRECTIONS PAGE 1
 UNDER TRACKING SYSTEM:TR RUN DATE: 11/21/95
 3 OF DATE: 11/21/95 TRANSFER REPORT RUN TIME: 18.57.49

NAME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
 DOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE
 TRANSFER ID #: 003

 TYPE OF ACTION: TRANSFER ONLY X CURRENT TRANSFERS: APPROVED 00
 RECLASSIFICATION AND TRANSFER PENDING 01

 TYPE OF TRANSFER: 3. TRANSFER FROM: 4. TRANSFER TO: 5. OK'D BY MEDICAL DEPT?
 YES X NO

X REQUEST	GEN POP	X	GEN POP	
INMATE	DIS SEG		DIS SEG	6. INMATE WANTS TRANSFER?
INST X	PRO CUS		PRO CUS	YES X NO
ON OFF	INVEST		INVEST	NEUT UNK
EMERGENCY	MSU		MSU	
DISCIPLINARY	DXN STC		DXN STC	7. TRANSFER HISTORY
ADMINISTRATIVE	WK CAMP		WK PSYC	
ADJUSTMENT	CCC		CCC X	TOTAL TRANSFERS 002
OTHER	OTHER		OTHER	DISC. TRANSFERS 000
				TRANSFER DENIALS 000

. REQ / REC PLACEMENT (NAME/CODE) SOUTHERN ILLINOIS CCC / SIL

APPROVED PLACEMENT (NAME/CODE) Southern Illinois CCC / SIL

. REASON FOR TRANSFER: PROVIDE EXPLANATION
 000 ADJUSTMENT POOR ADJUSTMENT DISCIPLINARY
 0MINISTRATIVE EDUC/VOC OTHER PROGRAMS
 0ENTAL HEALTH MEDICAL VISITATION
 0EDSPACE OTHER X

0MENTS:

0MATES NAME ON NOV. 1995 E.D. ELIGIBILITY LIST
 0MATE IS REQUESTING PLACEMENT AT SIL. CCC
 0ST SITE: JOYCE REED 914 RILEY, ALTON IL.
 ELE. 618-463-0311.

0. CRITERIA REVIEW: CHECK LOWEST PLACEMENT ALLOWED BY CRITERIA

			MINIMUM	MEDIUM	MAXIMUM
CURRENT SECURITY/DATE :	3	(09/03/95)	X		
ASSESSED SECURITY/DATE :		()			
CURRENT ESC RISK/DATE :	L	(10/23/95)	X		
ASSESSED ESC RISK/DATE :		()			
WARRANT FLAG/TYPE:			X		
TIME TO MSR:	1 YRS 1 MOS		X		
TIME TO BOARD DATE:	0 YRS 0 MOS				

>>>PLACEMENT ALLOWED BY A.D. CRITERIA<<< X

>>>EXCEPTION TO CRITERIA REQUESTED<<<

RTR113 ILLINOIS DEPARTMENT OF CORRECTIONS PAGE 2
OF UNDER TRACKING SYSTEM:TR RUN DATE: 11/21/95
OF DATE: 11/21/95 TRANSFER REPORT RUN TIME: 18.57.49

ME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
DC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE
ANSFER ID #: 003

RATIONALE FOR TRANSFER:
1. THREAT TO INST SECURITY 14. PREV NEG ADJ AT REQ FACILITY
2. ESCAPE RISK DESIGNATION 15. CRITICAL MENTAL HEALTH NEEDS
3. ADDITIONAL OBSERVATION NEEDED 16. CRITICAL MEDICAL NEEDS
4. TIME TO MSR/MAX RELEASE DATE 17. SUBSTANCE ABUSE
5. ADDITIONAL INFORMATION 18. PROXIMITY TO INMATE'S NEEDS
6. FELONY/IMMIGRATION WARRANTS 19. PC/SAFEKEEPING
7. SERIOUS NATURE OF OFFENSE 20. CRIMINAL HISTORY
8. NATURE OF OFFENSE 21. INSUFFICIENT REASON FOR TRANSFER
9. OVERALL POSITIVE ADJUSTMENT 22. BEDSPACE NEEDS
10. OVERALL NEGATIVE ADJUSTMENT 23. APPROPRIATELY PLACED
11. RECENT POSITIVE ADJUSTMENT 24. TRANSFER REASONS CITED ON PAGE 1
12. RECENT NEGATIVE ADJUSTMENT 25. OTHER
13. PAST FAILURE IN REDUCED SECURITY 26. INMATE REQUEST WITHDRAWN
27. DENIED CCC/REVIEW ED

STAFF REVIEW
EQ / REC PLACEMENT (NAME/CODE) >>>> Southern Illinois CCC/ SIL

	SIGNATURE	TITLE	CODE	DATE	PLACEMENT	RTN
SEPARING UNSELO	<i>[Signature]</i>	CCI	2473	11/21/95	SIL	24
PERVISOR	<i>[Signature]</i>	CCC	0029	11/28/95	SIL	24
N OFF/CHK						
N COM						
N COM						
IT SUPT	<i>[Signature]</i>	ACC	0770	12/4/95	SIL	24
/PROB	<i>[Signature]</i>	ACC	0770	12/4/95	SIL	24
/OPS	<i>[Signature]</i>	ACC	0770	12/4/95	SIL	24

WARDEN ACTION:
TRANSFER: APPROVED ☒ DENIED ☐ PLACEMENT SIL

IF TRANSFER IS DENIED, RATIONALE: _____

IF APPROVED AND PLACEMENT DIFFERS FROM RECOMMENDED, RATIONALE: _____

[Signature] 12-7-95
WARDEN SIGNATURE DATE

TRANSFER COORDINATOR ACTION:

TRANSFER: APPROVED ☐ DENIED ☒ FINAL PLACEMENT SWC

IF TRANSFER IS DENIED, RATIONALE: 23

IF APPROVED AND PLACEMENT DIFFERS FROM WARDEN RATIONALE: _____

[Signature] 12/1/96
TRANSFER COORDINATOR SIGNATURE DATE

ID #6387

EPC104

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 1

8/28/95

UNDER TRACKING SYSTEM: C

RUN DATE: 8/28/95

NAME: REED, LENN D.

CURRENT LOCATION: GRAHAM

DOC #: B28789

CURRENT SECURITY: MEDIUM

SEX: MALE

LIVING UNIT: GRA-19-B-10

SUPERVISION LEVEL:

1. TYPE OF ACTION:

RECLASSIFICATION

2. TYPE OF RECLASS:

REQUEST

3. SOURCE OF REQUEST:

INMATE

ESCAPE RISK REVIEW (SEE A.D.05.110A)

(L) (M) (H) (NONE)

A. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH/WITHOUT VIOLENCE IN THE LAST FIVE YEARS

(DATE/SITE:):

X

B. INDICATION OF DESIRE/WILLINGNESS TO ESCAPE BY
SELF-ADMISSION OR PREPARATION FOR ESCAPE

X

C. OUTSTANDING IMMIGRATION/MAJOR CRIMINAL CHARGE
WARRANTS (TYPE:):

X

D. ESCAPE FROM AN OPEN FACILITY OR PROGRAM NOT
INVOLVING ACTUAL OR THREATENED VIOLENCE

(DATE/SITE:):

(PAROLE ABSC:

CCC UN/24:

CCC OV/24:

BOND VIOL:

MIL AWOL:

MNTL HLTH FAC:

X

E. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH OR WITHOUT VIOLENCE OVER FIVE YEARS AGO

(DATE/SITE:):

F. ADJUSTMENT, PERSONAL, OR SOCIAL PROBLEMS
WITHIN OR OUTSIDE THE INSTITUTION

X

G. TYPE/LENGTH OF SENTENCE TIME/MSR: 01 YR 04 MO

(TIME/MSR:Y

IND:

LIF:

NLIF:

DTH:

):

X

H. OTHER():

X

CURRENT DESIGNATION: LOW

RECOMMENDED DESIGNATION: LOW

ASSESSSED SECURITY DESIGNATION: (SCORING PERIOD BEGINS: 06/22/95)

A. MAJOR DISCIPLINARY SANCTION SCORE (# 000) (1 OR MORE=6;0=0): 0

B. SEGREGATION PLACEMENT SCORE (# 000) (1 OR MORE=4;0=0): 0

C. SECURITY DESIGNATION SCORE (MAXIMUM=3;MEDIUM/MINIMUM=0): 0

D. PRIMARY ASSIGNMENT SCORE (# 002) (7 OR MORE=2;6 OR LESS=0): 0

E. CURRENT AGE SCORE (22 OR YOUNGER=1;23 OR OLDER=0): 1

F. TOTAL SCORE

G. SCORED SECURITY DESIGNATION (0-1=MN,2-5=MD,6+=MX):

MINIMUM

H. ADJUSTMENT FOR ESCAPE RISK DESIGNATION:

MINIMUM

I. ASSESSED SECURITY DESIGNATION:

MINIMUM

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000107

ID #6388

PCR104

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 2

8/28/95

UNDER TRACKING SYSTEM: C

RUN DATE: 8/28/95

NAME: REED, LENN D.

SECURITY RECLASSIFICATION/ESCAPE RISK

RUN TIME: 23.27.41

DOC #: B28789

CURRENT LOCATION: GRAHAM

CURRENT SECURITY: MEDIUM

SEX: MALE

LIVING UNIT: GRA-19-B -10

SUPERVISION LEVEL:

RATIONALE FOR SECURITY/ESCAPE RISK VOTES:

- | | |
|----------------------------------|--------------------------------------|
| 1. THREAT TO INST SECURITY | 11. RECENT POSITIVE ADJUSTMENT |
| 2. ESCAPE RISK DESIGNATION | 12. RECENT NEGATIVE ADJUSTMENT |
| 3. ADDITIONAL OBSERVATION NEEDED | 13. PAST FAILURE IN REDUCED SECURITY |
| 4. TIME TO MSR/MAX RELEASE DATE | 14. SCORED SECURITY DESIGNATION |
| 5. ADDITIONAL INFORMATION | 15. MAJOR CRIMINAL CHARGES PENDING |
| 6. FELONY/IMMIGRATION WARRANTS | 16. SERIOUS NATURE OF INCIDENT |
| 7. SERIOUS NATURE OF OFFENSE | 17. OTHER |
| 8. NATURE OF OFFENSE | 18. OTHER |
| 9. OVERALL POSITIVE ADJUSTMENT | 19. OTHER |
| 10. OVERALL NEGATIVE ADJUSTMENT | 20. OTHER |

FACILITY REVIEW:RECOMMENDED ESCAPE RISK DESIGNATION: LOWASSESSED SECURITY DESIGNATION: MINIMUM

ESCAPE RISK

SECURITY

SIGNATURE	TITLE	CODE	DATE	VOTE	RTN	VOTE	RTN
REPARING COUNSELOR <u>[Signature]</u>	<u>CCP</u>	<u>982</u>	<u>8/28/95</u>	<u>(L)</u> M H	<u>2</u>	<u>(MN)</u> MD MX	<u>14</u>
JS/CSS <u>[Signature]</u>	<u>JS</u>	<u>165</u>	<u>8/29/95</u>	<u>(L)</u> M H	<u>2</u>	<u>(MN)</u> MD MX	<u>14</u>

ICR SPEC

J/PROG <u>[Signature]</u>	<u>1010</u>	<u>8-21-95</u>	<u>(L)</u> M H E	<u>2</u>	<u>(MN)</u> MD MX	<u>14</u>
J/OPS <u>[Signature]</u>	<u>2019</u>	<u>8-30-95</u>	<u>(L)</u> M H E	<u>2</u>	<u>(MN)</u> MD MX	<u>14</u>

WARDEN'S ACTION:

ESCAPE RISK

SECURITY

WARDEN'S DESIGNATION: (L) M H E (MN) MD MXIF DIFFERENT FROM ASSESSED SECURITY DESIGNATION, RATIONALE: 9/7/95
[Signature]

WARDEN'S SIGNATURE

DATE 9/29/95*****
TRANSFER COORDINATOR'S ACTION:

FINAL SECURITY

MN MD MX

THIS IS AN OVERRIDE OF THE ASSESSED SECURITY DESIGNATION: YES _____

NO _____

RATIONALE: [Signature]

TRANSFER COORDINATOR'S SIGNATURE

DATE 9-11-95

ERCR106

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 1

CANDID TRACKING SYSTEM: CR

RUN DATE: 11/21/95

3 OF DATE: 11/21/95

INMATE DATA SUMMARY

RUN TIME: 12.53.16

NAME: REED, LENN D.

CURRENT LOCATION: SOUTHWESTERN ILLINOIS

DOC #: B28789

CURRENT SECURITY: MINIMUM

SEX: MALE

IDENTIFICATION DATA:

MARKS/SCARS(LOC):

HEIGHT: 5' 09"

TAT CHEST HEART, B.S. U.F.; CHEST; BITE MARK

WEIGHT: 154

DATE OF BIRTH: 05/11/77

AGE: 18

EYE COLOR: BROWN

HAIR COLOR: BLACK

RACE: BLACK

ETHNIC PREF: BLACK

INCARCERATION DATA:

GRADE: A

CURRENT SECURITY:

MINIMUM

EFFECTIVE DATE: 06/22/95

EFFECTIVE DATE:

09/03/95

PROJ RETURN TO "A":

LAST RECLASS DATE:

09/07/95

CURRENT ESCAPE RISK: LOW

CURRENT SUPERVISION LVL:

OUTSTANDING WARRANTS: NO

EFFECTIVE DATE:

KEEP SEPARATE FROM: NO

LAST REVIEW DATE:

11/21/95

VICTIM NOTIFICATION: NO

SENTENCE DATA:

ADMISSION TYPE: DFC

CURRENT ADMIT DATE:

06/22/1995

NEXT BOARD DATE: N/A

PROJECTED MSR DATE:

12/06/1996

FIRST BOARD DATE: 12/6/96

MSR DISCHARGE DATE:

12/06/1998

OF BOARD APPEARANCES:

OFFENSE DESCRIPTION: COM COUNTY

CL MIN SENTENCE / MAX SENTENCE

CS/CC

AGGRAVATED DISCHARGE/FIRE MADISON

1 0004 00 0000

0004 00 0000

CC

PRIOR ASSAULT TICKETS: DR504, TABLE A - OFFENSE #102

TOTAL # ASSAULTES

LAST ASSAULT

INST

ASSAULTES

TICKETS

INJURED?

TICKET DATE

CODE

INJURED?

STAFF ASSAULT: 0 YES NO

YES NO

INMATE ASSAULT: 0 YES NO

YES NO

DISCIPLINARY SUMMARY: NUMBER OF

LAST 6
MONTHSPRIOR 6
MONTHS06/22/95-
11/21/95

DISCIPLINARY REPORTS WITH GUILTY OUTCOMES:

TOTAL MAJOR TICKETS

000

TOTAL MINOR TICKETS

101

ISC. SEG PLACEMENTS/TOTAL DAYS SENTENCED:

0, 00, 00, 0

GRADE REDUCTIONS/TOTAL LENGTH: "B"

0, 00, 00, 0

"C"

0, 00, 00, 0

DAY-FOR-DAY GOODTIME: REVOKED

000

RESTORED

000

PUNITIVE GOODTIME AWARDED:

000

RCR106 , ILLINOIS DEPARTMENT OF CORRECTIONS PAGE: 2
 OF UNDER TRACKING SYSTEM: CR RUN DATE: 11/21/95
 3 OF DATE: 11/21/95 INMATE DATA SUMMARY RUN TIME: 12.53.16
 NAME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
 DOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE

DOC #: B28789 NAME: REED, LENN D. HOUSE GAL CELL
 LIVING UNIT: 02 C 06

IST	ASSIGNMENT/JOB DESCRIPTION	P	STARTING DATE	ENDING DATE	TERMINATION REASON	DATE
JC	G.E.D. I, STUDENT	Y	11/13/95		ACTIVE	
JC	ED/VOC EARNED TIME, PARTICIPANT	N	11/14/95	01/15/96	ACTIVE	
JC	UNASSIGNED, PARTICIPANT	Y	11/06/95		CHNG	11/12/95
JC	WORK CAMP, PARTICIPANT	N	10/25/95		OTH	11/06/95
JC	ROAD CREW, WORKER	Y	10/26/95		OTH	11/06/95
JC	ORIENTATION, PARTICIPANT	Y	10/19/95		OTH	10/26/95
RA	DIETARY DEPT., WORKER	Y	07/21/95		TRAN	10/18/95
RA	ED/VOC EARNED TIME, PARTICIPANT	N	08/14/95	11/14/95	TRAN	10/18/95
RA	VOC-COOP WORK TRNG, STUDENT	N	08/13/95		TRAN	10/18/95
RA	ORIENTATION, PARTICIPANT	Y	07/13/95		CHNG	07/20/95
RC	UNASSIGNED(NO PAY), PARTICIPANT	N	06/22/95	07/22/95	CMPL	07/13/95
RC	DIAGNOSTIC, PARTICIPANT	Y	06/22/95		CMPL	07/13/95

ERCR106 . ILLINOIS DEPARTMENT OF CORRECTIONS PAGE: 3
OFFENDER TRACKING SYSTEM: CR RUN DATE: 11/21/95
DATE: 11/21/95 INMATE DATA SUMMARY RUN TIME: 12.53.16
NAME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
DOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE

INMATE DENIED CONTACTS--KEEP SEPARATE FROM
** DECLARED BY INMATE **

JURCE INST	CURRENT INST	PARENT INST	INMATE ID	INMATE NAME	RSN	CNSLR ID	EFFECTIVE DATE
NO DECLARED CONTACTS							

INMATE DENIED CONTACTS--KEEP SEPARATE FROM
** INMATE IS DECLARED **

JURCE INST	CURRENT INST	PARENT INST	INMATE ID	INMATE NAME	RSN	CNSLR ID	EFFECTIVE DATE
NOT A DECLARED CONTACT							

ERCR106 ILLINOIS DEPARTMENT OF CORRECTIONS PAGE: 4
ORENDER TRACKING SYSTEM: CR RUN DATE: 11/21/95
3 OF DATE: 11/21/95 INMATE DATA SUMMARY RUN TIME: 12.53.16
NAME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
DOC #: B26789 CURRENT SECURITY: MINIMUM SEX: MALE

NICKNAMES/AKA'S: INDICATE EFFECTIVE
NICKNAME DATE

REED, GLENN A 08/17/95
REED, LENN D. A 08/17/95
✓ REED, LENNY A 08/17/95

GANG AFFILIATIONS :

REPORTED GANG	TYPE	EFF DATE	INST	POSITION
BLACK GANGSTER DISCI	MAJOR	09/01/95	GRA	ASSOCIATE
GANGSTER DISCIPLES	MINOR	09/01/95	GRA	MEMBER

RUN DATE
11-27-95

ILLINOIS DEPARTMENT OF CORRECTIONS-OTS

Page 4

DATA SUMMARY REPORT

NAME: Reed, Lenn D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS CC
IDOC #: B28789 CURRENT SECURITY: MINIMUM

DCA 9035

Sex: Male

1. NICKNAMES/AKA'S: Glen Reed, Lynn D. Reed, Lenny Reed

2. GANG AFFILIATION/RANK: Black Gangster Disciples - Major Associate
Gangster Disciples - Minor Member

3. ADMINISTRATIVE CONCERNS:

A. PREVIOUS ADMINISTRATIVE TRANSFERS INVOLVING THE SAFETY AND SECURITY OF THE
INSTITUTION. None

B. ANY DOCUMENTED ESCAPE OR ATTEMPTED ESCAPE FROM A SECURE CONFINEMENT OR SECURITY
ESCORT. None

C. PRIOR ASSAULTS:

PRIOR ASSAULT TICKETS: DR 504. TABLE A-OFFENSE #102

	TOTAL# TICKETS	ASSAULTEES INJURED?	LAST ASSAULT TICKET DATE	INTS. CODE	ASSAULTEES INJURED?
STAFF ASSAULT:	<u>0</u>	YES__ NO <u>X</u>	<u>0/0/0</u>	<u> </u>	YES__ NO <u>X</u>
INMATE ASSAULT:	<u>0</u>	YES__ NO <u>X</u>	<u>0/0/0</u>	<u> </u>	YES__ NO <u>X</u>

D. ANY EXTRAORDINARY PROTECTIVE CUSTODY NEEDS. None

E. ANY DANGEROUS DISTURBANCES INVOLVING VIOLENCE: None

F. ANY DISCIPLINARY REPORT WITH A GUILTY OUTCOME AND A DISPOSITION INCLUDING THE
LOSS OF 30 OR MORE DAYS GOOD CONDUCT CREDITS. None

4. CRITICAL SPECIAL NEEDS (FOR TRANSFERS ONLY): None

5. STAFF COMMENTS AND OBSERVATIONS: Note statement of facts.

ID #6394

State of Illinois - Department of Corrections

WORK RELEASE/ELECTRONIC DETENTION APPLICATION

THIS APPLICATION NEEDS TO BE COMPLETED BY THE INMATE IN ORDER TO BE CONSIDERED FOR THE WORK RELEASE/ELECTRONIC DETENTION PROGRAM. ALL INFORMATION MUST BE COMPLETED IN FULL AND WILL BE KEPT CONFIDENTIAL.

INMATE Name: Lynn Reed Number: B287799 Date: 11-21-95
 Social Security Number: _____ D.O.B.: 5-11-77 Correctional Center: SOUTHWESTERN W.C. 254
 Highest level of formal education completed: 13TH GRADE
 List any employment skills you have, such as cooking, painting, maintenance, etc.: General Laborer
 List any nonprescribed drugs you have used (cocaine, heroin, marijuana, speed, crack etc.): marijuana
 How much alcohol did you drink on a daily basis? 1 BEER
 Have you ever had alcohol or drug abuse treatment? Yes _____ No ✓ If YES, where and for how long? _____
 List any health problems and required medication that you take (if any): None

Which work release area are you applying for? Northern _____ Central _____ Southern ✓

If selected as a participant in the Electronic Detention Program, the following information must be completed in regard to your selected Host Site:

Host Site

Host Name: Lynn Reed Relationship: Mother
 Address: 914 Riley Apt. # _____ City: Altamonte
 State: FL County: Madison Telephone: (407) 463-8311
 Source of Income: unreliable Others living at this address: immediate family

Alternative Host Site

Host Name: _____ Relationship: _____
 Address: _____ Apt. # _____ City: _____
 State: _____ County: _____ Telephone: _____
 Source of Income: _____ Others living at this address: _____

WILL THE HOUSEHOLD ACCEPT YOUR PRESENCE WITH ELECTRONIC DETENTION DEVICES INSTALLED IN THE HOME? Yes ✓ No _____

If yes, 1) Will there be any objections to DOC employees entering the home at any time? no
 2) Will any special features, such as call waiting, call forwarding, etc. be dropped from the telephone service to allow for your monitoring equipment hook-up? yes

If other than above, with whom do you plan to reside upon release from custody?

Name: NON E Relationship: _____
 Address: _____ Apt. # _____ City: _____
 State: _____ County: _____ Telephone: _____
 Inmate Signature: Lynn Reed Host Signature: J.P. D...
 DOC Number: B287799 Date: 11-21-95 Date: 11/21/95

BCA 589 (Rev. 10/90)
 IL 426-6725

DCA 5226 (Rev. 6/86)
IL 426-0481

Date 11-18-95
Title CCF
Witness (Signature) [Signature]

Date 11-21-95
Inmate Institutional Number 822779
Inmate (Signature) [Signature]

I, the undersigned, in consideration of my placement in a community correctional center by the Illinois Department of Corrections, hereby agree that I will remain within the State of Illinois (or the State of Missouri) at the facility or limits of confinement designated by the Department, unless otherwise authorized by the Deputy Director of the Community Services Division.

I agree to make myself available and to return at any time to the State of Illinois without formal proceedings if instructed to do so by Department authorities.

I hereby waive extradition of the State of Illinois from any jurisdiction in or outside the United States where I may be found and also agree that I do not contest any effort by any jurisdiction to return me to the State of Illinois.

I have read and understand this agreement and waiver and have signed voluntarily and without threat or promise to me.

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMUNITY CORRECTIONAL CENTERS
EXTRADITION WAIVER AGREEMENT

COMMUNITY CORRECTIONAL CENTER CLASSIFICATION SYSTEM
MALE CLASSIFICATION INSTRUCTIONS
AUGUST, 1987

INSTITUTION CODE ☐ ☐
IDOC NUMBER ☐3 - ☐2 ☐8 ☐7 ☐8 ☐9 NAME Reed Lienn D.
Last First MI

ITEMS

Current Age

28 and Older
23 to 27
22 and Younger

Enter 0
Enter 2
Enter 4 ☐4

Number of Prison Admissions (Include Current Offense)

First Incarceration
2 or More Incarcerations over 30 Days

Enter 0
Enter 2 ☐0

Number of Prior Supervision Terms Not Successfully Completed
(Include Probation/Parole/MSW/CCC/Other Supervision Terms)

None
1 or More

Enter 0
Enter 1 ☐0

History of Alcohol Use

No Alcohol Use Problems Indicated
Alcohol Use Problems Indicated

Enter 0
Enter 2 ☐2

History of Drug Use

No Drug Use Problems Indicated
Drug Use Problems Indicated

Enter 0
Enter 3 ☐3

Vocational

History Indicates Marketable Job Skills or has Completed
Vocational Training Program at the Institution
History Indicates a Need for Vocational Training

Enter 0
Enter 3 ☐3

Academic

Inmate has at least a High School Diploma or a G.E.D.
Inmate does not have a High School Diploma or a G.E.D.

Enter 0
Enter 3 ☐3

Total Score

☐1 ☐5

CURRENT SECURITY LEVEL Maximum (1) Medium (2) Minimum (3)

CLASSIFICATION LEVEL:

(0 - 4) = 1
(5 - 7) = 2
(8 - 9) = 3
(10 - 11) = 4
(12 - 15) = 5
(16 - 18) = 6

Signature Jeff Decker

Code

☐2 ☐4 ☐7 ☐3

Date

☐1 ☐1 ☐2 ☐1 ☐9 ☐5

Comment for Override, Administrative Concerns, Critical/Special Needs, Etc.



Jim Edgar
Governor

Odie Washington
Director

Southwestern Illinois Correctional Center / Caller Service 50, 950 Kingshighway / East St. Louis, Il. 62203-0050
Telephone: (618) 394-2200 TDD: (800) 526-0844

M E M O R A N D U M

DATE: January 12, 1996
TO: Lenn Reed / #B28789 / 02-E-16
FROM: Angela D. Chaney, Casework Supervisor

SUBJECT: **TRANSFER DENIAL**

You were recently submitted for transfer to Southern Illinois Community Correctional Center.


We have been advised by the Transfer Coordinator that you were denied transfer to that facility for the following reason(s) which are circled below:

RATIONALES FOR TRANSFER:

- | | |
|----------------------------------|--------------------------------------|
| 1. THREAT TO INST SECURITY | 13. PAST FAILURE IN RED SECURITY |
| 2. ESCAPE RISK DESIGNATION | 14. PREV NEG ADJ AT REQ FACILITY |
| 3. ADDITIONAL OBSERVATION NEEDED | 15. CRITICAL MENTAL HEALTH NEEDS |
| 4. TIME TO MSR/MAX RELEASE DATE | 16. CRITICAL MEDICAL NEEDS |
| 5. ADDITIONAL INFORMATION | 17. SUBSTANCE ABUSE |
| 6. FELONY/IMMIGRATION WARRANT | 18. PROXIMITY TO INMATE'S NEEDS |
| 7. SERIOUS NATURE OF OFFENSE | 19. PC/SAFEKEEPING |
| 8. NATURE OF OFFENSE | 20. CRIMINAL HISTORY |
| 9. OVERALL POSITIVE ADJUSTMENT | 21. INSUFFICIENT REASON FOR TRANSFER |
| 10. OVERALL NEGATIVE ADJUSTMENT | 22. BEDSPACE NEEDS |
| 11. RECENT POSITIVE ADJUSTMENT | 23. APPROPRIATELY PLACED |
| 12. RECENT NEGATIVE ADJUSTMENT | 24. TRANSFER REASONS CITED ON PAGE 1 |
| | 25. OTHER |
| | 26. INMATE REQUEST WITHDRAWN |
| | 27. DENIED CCC/REVIEW ED |

REASON FOR DENIAL: 23

If you are interested in filing a grievance relative to this denial, please direct your correspondence to the Administrative Review Board, in care of Coordinator of Inmate Issues, 1301 Concordia Court, PO Box 19277, Springfield, Illinois 62794-9277.


Angela Chaney, Casework Supervisor

ADC/
cc: A/W Karraker
Master File
Counselor
Clinical Services

Printed on Recycled Paper

COMMUNITY CORRECTIONAL CENTER TRANSFER CHECKLISTINMATE NAME LENN REED I.D.O.C.# 328789

P.O.D. (WITH 90 DAYS M.G.T.) _____

E.D. 10 W/R 1 EXC. _____ P.P. _____ASSEMBLE TWO (2) SEPARATE PACKETS IN THE FOLLOWING ORDER

1. TRANSFER REPORT ✓
2. RECLASSIFICATION REPORT ✓
3. INMATE DATA SUMMARY REPORT ✓
4. INSTITUTIONAL DISCIPLINARY RECORD ✓
5. WORK RELEASE/ELECTRONIC DETENTION APPLICATION ✓
6. EXTRADITION WAIVER ✓
7. MITTIMUS OX
8. STATEMENT OF FACTS 0
9. RAP SHEET(S) 0
10. ORIGINAL CLASSIFICATION REPORT x
11. HEALTH STATUS REPORT ✓
12. [REDACTED] _____
13. [REDACTED] _____
14. COMMUNITY CORRECTIONAL CENTER CLASSIFICATION INSTRUMENT ✓
15. VISITING LIST NA

ONE (1) TRANSFER REPORT, SEPARATE FROM PACKETS TO BE RETURNED
TO INSTITUTION. SECURELY ATTACH FOUR (4) MOUNTED PHOTOS.

EXCEPTION TO CRITERIA

RECOMMENDATION MEMO FROM THE CHIEF ADMINISTRATIVE OFFICER
(ATTACH TO FRONT OF EACH PACKET)

PERMANENT PARTY

LETTER(S) OF RECOMMENDATION _____
VERIFICATION OF WORK EXPERIENCE _____
PERMANENT PARTY AGREEMENT _____

REVIEWED BY: [Signature]
DATE: 12/22/95

DC854 (5/92)
IL 426-17562

DERTR113 ILLINOIS DEPARTMENT OF CORRECTIONS PAGE 1
OFFENDER TRACKING SYSTEM: RUN DATE: 11/21/95
AS OF DATE: 11/21/95 TRANSFER REPORT RUN TIME: 18.57.49

NAME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
IDOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE
TRANSFER ID #: 003

1. TYPE OF ACTION: TRANSFER ONLY X CURRENT TRANSFERS: APPROVED 00
RECLASSIFICATION AND TRANSFER PENDING 01

2. TYPE OF TRANSFER: 3. TRANSFER FROM: 4. TRANSFER TO: 5. OK'D BY MEDICAL DEPT?
YES X NO

X REQUEST	GEN POP	X	GEN POP	
INMATE	DIS SEG		DIS SEG	6. INMATE WANTS TRANSFER?
INST X	PRO CUS		PRO CUS	YES X NO
GN OFF	INVEST		INVEST	NEUT UNK
EMERGENCY	MSU		MSU	
DISCIPLINARY	DXN STC		DXN STC	7. TRANSFER HISTORY
ADMINISTRATIVE	WK CAMP		MN PSYC	
ADJUSTMENT	CCC		CCC X	TOTAL TRANSFERS 002
OTHER	OTHER		OTHER	DISC. TRANSFERS 000
				TRANSFER DENIALS 000

8. REQ / REC PLACEMENT (NAME/CODE) SOUTHERN ILLINOIS CCC / SIL

APPROVED PLACEMENT (NAME/CODE) Southern Illinois CCC / SIL

9. REASON FOR TRANSFER: PROVIDE EXPLANATION
GOOD ADJUSTMENT POOR ADJUSTMENT DISCIPLINARY
ADMINISTRATIVE EDUC/VOC OTHER PROGRAMS
MENTAL HEALTH MEDICAL VISITATION
BEDSPACE OTHER X

COMMENTS:

INMATES NAME ON NOV. 1995 E.D. ELIGIBILITY LIST
INMATE IS REQUESTING PLACEMENT AT SIL, CCC
HOST SITE: JOYCE REED 914 RILEY, ALTON IL.
TELE. 618-463-0311.

10. CRITERIA REVIEW: CHECK LOWEST PLACEMENT ALLOWED BY CRITERIA

			MINIMUM	MEDIUM	MAXIMUM
CURRENT SECURITY/DATE :	3	(09/03/95)	X		
ASSESSED SECURITY/DATE :		()			
CURRENT ESC RISK/DATE :	L	(10/23/95)	X		
ASSESSED ESC RISK/DATE :		()			

WARRANT FLAG/TYPE: X

TIME TO MSR: 1 YRS 1 MOS X
TIME TO BOARD DATE: 0 YRS 0 MOS

>>>PLACEMENT ALLOWED BY A.D. CRITERIA<<< X

>>>EXCEPTION TO CRITERIA REQUESTED<<<

ERTR113

ILLINOIS DEPARTMENT OF CORRECTIONS
ONLINE TRACKING SYSTEM: TR
TRANSFER REPORT

PAGE 2

3 OF DATE: 11/21/95

RUN DATE: 11/21/95
RUN TIME: 18.57.49

NAME: REED, LENN D.
DOC #: B28789
TRANSFER ID #: 003

CURRENT LOCATION: SOUTHWESTERN ILLINOIS
CURRENT SECURITY: MINIMUM SEX: MALE

1. RATIONALE FOR TRANSFER:

1. THREAT TO INST SECURITY
2. ESCAPE RISK DESIGNATION
3. ADDITIONAL OBSERVATION NEEDED
4. TIME TO MSR/MAX RELEASE DATE
5. ADDITIONAL INFORMATION
6. FELONY/IMMIGRATION WARRANTS
7. SERIOUS NATURE OF OFFENSE
8. NATURE OF OFFENSE
9. OVERALL POSITIVE ADJUSTMENT
10. OVERALL NEGATIVE ADJUSTMENT
11. RECENT POSITIVE ADJUSTMENT
12. RECENT NEGATIVE ADJUSTMENT
13. PAST FAILURE IN REDUCED SECURITY

14. PREV NEG ADJ AT REQ FACILITY
15. CRITICAL MENTAL HEALTH NEEDS
16. CRITICAL MEDICAL NEEDS
17. SUBSTANCE ABUSE
18. PROXIMITY TO INMATE'S NEEDS
19. PC/SAFEKEEPING
20. CRIMINAL HISTORY
21. INSUFFICIENT REASON FOR TRANSFER
22. BEDSPACE NEEDS
23. APPROPRIATELY PLACED
24. TRANSFER REASONS CITED ON PAGE 1
25. OTHER
26. INMATE REQUEST WITHDRAWN
27. DENIED CCC/REVIEW ED

2. STAFF REVIEW

REQ / REC PLACEMENT (NAME/CODE) >>>> Southern Illinois CCC SIL

	SIGNATURE	TITLE	CODE	DATE	PLACEMENT	RTN
REPAIRING	<u>[Signature]</u>	<u>CCT</u>	<u>2473</u>	<u>11/21/95</u>	<u>SIL</u>	<u>24</u>
JUNSELMOR	<u>[Signature]</u>	<u>Ques</u>	<u>00029</u>	<u>11/28/95</u>	<u>SIL</u>	<u>24</u>
JUPERVISOR	<u>[Signature]</u>					
3N OFF/CHM						
3N COM						
3N COM						
VIT SUPT						
J/PROG	<u>[Signature]</u>	<u>Asst</u>	<u>0770</u>	<u>12/6/95</u>	<u>SIL</u>	<u>24</u>
J/OPS	<u>[Signature]</u>	<u>Asst</u>	<u>9000</u>	<u>12/7/95</u>	<u>SIL</u>	<u>24</u>

3. WARDEN ACTION:

TRANSFER: APPROVED X DENIED _____ PLACEMENT SIL

IF TRANSFER IS DENIED, RATIONALE: _____

IF APPROVED AND PLACEMENT DIFFERS FROM RECOMMENDED, RATIONALE: _____

[Signature] 12-7-95
WARDEN SIGNATURE DATE

4. TRANSFER COORDINATOR ACTION:

TRANSFER: APPROVED _____ DENIED _____ FINAL PLACEMENT _____

IF TRANSFER IS DENIED, RATIONALE: _____

IF APPROVED AND PLACEMENT DIFFERS FROM WARDEN , RATIONALE: _____

TRANSFER COORDINATOR SIGNATURE
IDOC SUBPOENA RESPONSE

DATE
PLAINTIFFS 000120

DECR104

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 1

08/28/95

INMATE TRACKING SYSTEM:

RUN DATE: 8/28/95

NAME: REED, LENN D.

SECURITY RECLASSIFICATION/ESCAPE RISK

RUN TIME: 23.27.41

IDOC #: B28789

CURRENT LOCATION: GRAHAM

CURRENT SECURITY: MEDIUM

SEX: MALE

LIVING UNIT: GRA-19-B-10

SUPERVISION LEVEL:

1. TYPE OF ACTION:

RECLASSIFICATION

2. TYPE OF RECLASS:

REQUEST

3. SOURCE OF REQUEST:

INMATE

4. ESCAPE RISK REVIEW (SEE A.D.05.110A)

(L) (M) (H) (NONE)

A. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT

WITH/WITHOUT VIOLENCE IN THE LAST FIVE YEARS

(DATE/SITE:

):

X

B. INDICATION OF DESIRE/WILLINGNESS TO ESCAPE BY

SELF-ADMISSION OR PREPARATION FOR ESCAPE

:

X

C. OUTSTANDING IMMIGRATION/MAJOR CRIMINAL CHARGE

WARRANTS (TYPE:

):

X

D. ESCAPE FROM AN OPEN FACILITY OR PROGRAM NOT

INVOLVING ACTUAL OR THREATENED VIOLENCE

(DATE/SITE:

(PAROLE ABSC:

CCC UN/24:

CCC OV/24:

):

BOND VIOL:

MIL AWOL:

MNTL HLTH FAC:

):

X

E. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT

WITH OR WITHOUT VIOLENCE OVER FIVE YEARS AGO

(DATE/SITE:

CCC

MIL

MNTL

SWW

LHX

F. ADJUSTMENT, PERSONAL, OR SOCIAL PROBLEMS

WITHIN OR OUTSIDE THE INSTITUTION

:

X

G. TYPE/LENGTH OF SENTENCE

TIME/MSR: 01 YR 04 MO

(TIME/MSR:Y

IND:

LIF:

NLIF:

DTH:

):

X

H. OTHER:

):

X

CURRENT DESIGNATION: LOW

RECOMMENDED DESIGNATION: LOW

5. ASSESSED SECURITY DESIGNATION: (SCORING PERIOD BEGINS: 06/22/95)

A. MAJOR DISCIPLINARY SANCTION SCORE (# 000) (1 OR MORE=6;0=0): 0

B. SEGREGATION PLACEMENT SCORE (# 000) (1 OR MORE=4;0=0): 0

C. SECURITY DESIGNATION SCORE (MAXIMUM=3;MEDIUM/MINIMUM=0): 0

D. PRIMARY ASSIGNMENT SCORE (# 002) (7 OR MORE=2;6 OR LESS=0): 0

E. CURRENT AGE SCORE (22 OR YOUNGER=1;23 OR OLDER=0): 1

F. TOTAL SCORE

G. SCORED SECURITY DESIGNATION (0-1=MN,2-5=MD,6+=MX):

MINIMUM

H. ADJUSTMENT FOR ESCAPE RISK DESIGNATION:

MINIMUM

I. ASSESSED SECURITY DESIGNATION:

MINIMUM

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000121

ID #6402

PCR104

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 2

8/28/95

PRISONER TRACKING SYSTEM: CR

RUN DATE: 8/28/95

SECURITY RECLASSIFICATION/ESCAPE RISK

RUN TIME: 23.27.41

NAME: REED, LENN D.

CURRENT LOCATION: GRAHAM

DOC # B28789

CURRENT SECURITY: MEDIUM

SEX: MALE

PRISONING UNIT: GRA-19-B-10

PERMISSION LEVEL:

RATIONALE FOR SECURITY/ESCAPE RISK VOTES:

- | | |
|----------------------------------|--------------------------------------|
| 1. THREAT TO INST SECURITY | 11. RECENT POSITIVE ADJUSTMENT |
| 2. ESCAPE RISK DESIGNATION | 12. RECENT NEGATIVE ADJUSTMENT |
| 3. ADDITIONAL OBSERVATION NEEDED | 13. PAST FAILURE IN REDUCED SECURITY |
| 4. TIME TO MSR/MAX RELEASE DATE | 14. SCORED SECURITY DESIGNATION |
| 5. ADDITIONAL INFORMATION | 15. MAJOR CRIMINAL CHARGES PENDING |
| 6. FELONY/IMMIGRATION WARRANTS | 16. SERIOUS NATURE OF INCIDENT |
| 7. SERIOUS NATURE OF OFFENSE | 17. OTHER _____ |
| 8. NATURE OF OFFENSE | 18. OTHER _____ |
| 9. OVERALL POSITIVE ADJUSTMENT | 19. OTHER _____ |
| 10. OVERALL NEGATIVE ADJUSTMENT | 20. OTHER _____ |

FACILITY REVIEW:

ESCAPE RISK

SECURITY

RECOMMENDED ESCAPE RISK DESIGNATION: LOW

ASSESSED SECURITY DESIGNATION:

MINIMUM

SIGNATURE

TITLE

CODE

DATE

VOTE

RTN

VOTE

RTN

PREPARING

COUNSELOR

IS/CSS

AFF REVIEW:

CR SPEC

I/PROG

I/OPS

WARDEN'S ACTION:

ESCAPE RISK

SECURITY

WARDEN'S DESIGNATION: L M H EMN MD MX

IF DIFFERENT FROM ASSESSED SECURITY DESIGNATION, RATIONALE: _____

WARDEN'S SIGNATURE

DATE

TRANSFER COORDINATOR'S ACTION:

FINAL SECURITY

MN MD MX

THIS IS AN OVERRIDE OF THE ASSESSED SECURITY DESIGNATION: YES _____

NO _____

RATIONALE: SWH

TRANSFER COORDINATOR'S SIGNATURE

DATE

IDOC SUBPOENA RESPONSE

*** END OF REPORT ***
PLAINTIFFS 000122

ERCR104 ILLINOIS DEPARTMENT OF CORRECTIONS PAGE: 1
ENDER TRACKING SYSTEM: CC RUN DATE: 10/23/95
SECURITY RECLASSIFICATION/ESCAPE RISK RUN TIME: 22.38.24
AME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
DOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE
IVING UNIT: SWC-01-C -12
UPERVISION LEVEL:

1. TYPE OF ACTION: 2. TYPE OF RECLASS: 3. SOURCE OF REQUEST:
ESCAPE RISK REVIEW

1. ESCAPE RISK REVIEW (SEE A.D.05.110A) (L) (M) (H) (NONE)
A. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH/WITHOUT VIOLENCE IN THE LAST FIVE YEARS
(DATE/SITE:) X
B. INDICATION OF DESIRE/WILLINGNESS TO ESCAPE BY
SELF-ADMISSION OR PREPARATION FOR ESCAPE : X
C. OUTSTANDING IMMIGRATION/MAJOR CRIMINAL CHARGE
WARRANTS (TYPE:) X
D. ESCAPE FROM AN OPEN FACILITY OR PROGRAM NOT
INVOLVING ACTUAL OR THREATENED VIOLENCE
(DATE/SITE:)
(PAROLE ABSC: CCC UN/24: CCC OV/24:)
BOND VIOL: MIL AWOL: MNTL HLTH FAC:) X
E. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH OR WITHOUT VIOLENCE OVER FIVE YEARS AGO
(DATE/SITE:) X
F. ADJUSTMENT, PERSONAL, OR SOCIAL PROBLEMS
WITHIN OR OUTSIDE THE INSTITUTION : X
G. TYPE/LENGTH OF SENTENCE TIME/MSR: 01 YR 02 MO
(TIME/MSR:Y IND: LIF: NLIF: DTH:) X
H. OTHER(MADISON COUNTY CONVICTION, MOTHER LIVES
IN ALTON ILLINOIS) X

CURRENT DESIGNATION: LOW RECOMMENDED DESIGNATION: LOW

1. ASSESSED SECURITY DESIGNATION: (SCORING PERIOD BEGINS:)

A. MAJOR DISCIPLINARY SANCTION SCORE (#) (1 OR MORE=6;0=0):

B. SEGREGATION PLACEMENT SCORE (#) (1 OR MORE=4;0=0):

C. SECURITY DESIGNATION SCORE (MAXIMUM=3;MEDIUM/MINIMUM=0):

D. PRIMARY ASSIGNMENT SCORE (#) (7 OR MORE=2;6 OR LESS=0):

E. CURRENT AGE SCORE (22 OR YOUNGER=1;23 OR OLDER=0):

F. TOTAL SCORE :

G. SCORED SECURITY DESIGNATION (0-1=MN,2-5=MD,6+=MX):

H. ADJUSTMENT FOR ESCAPE RISK DESIGNATION:

I. ASSESSED SECURITY DESIGNATION:

ERCR104 ILLINOIS DEPARTMENT OF CORRECTIONS PAGE: 2
ENDER TRACKING SYSTEM: CC RUN DATE: 10/23/95
SECURITY RECLASSIFICATION/ESCAPE RISK RUN TIME: 22.38.24
AME: REED, LENN D. CURRENT LOCATION: SOUTHWESTERN ILLINOIS
DOC #: B28789 CURRENT SECURITY: MINIMUM SEX: MALE
IVING UNIT: SWC-01-C -12
UPERVISION LEVEL:

RATIONALE FOR SECURITY/ESCAPE RISK VOTES:
1. THREAT TO INST SECURITY 11. RECENT POSITIVE ADJUSTMENT
2. ESCAPE RISK DESIGNATION 12. RECENT NEGATIVE ADJUSTMENT
3. ADDITIONAL OBSERVATION NEEDED 13. PAST FAILURE IN REDUCED SECURITY
4. TIME TO MSR/MAX RELEASE DATE 14. SCORED SECURITY DESIGNATION
5. ADDITIONAL INFORMATION 15. MAJOR CRIMINAL CHARGES PENDING
6. FELONY/IMMIGRATION WARRANTS 16. SERIOUS NATURE OF INCIDENT
7. SERIOUS NATURE OF OFFENSE 17. OTHER _____
8. NATURE OF OFFENSE 18. OTHER _____
9. OVERALL POSITIVE ADJUSTMENT 19. OTHER _____
10. OVERALL NEGATIVE ADJUSTMENT 20. OTHER _____

FACILITY REVIEW: ESCAPE RISK SECURITY
RECOMMENDED ESCAPE RISK DESIGNATION: LOW
ASSESSED SECURITY DESIGNATION:
SIGNATURE TITLE CODE DATE VOTE RTN VOTE RTN
REPARING DUNSELOP [Signature] LCID 2467 10/24/95 (L) M H 2 MN MD MX _____
JS/CSS _____ L M H _____ MN MD MX _____
TAFF REVIEW:

ECR SPEC _____ L M H E _____
J/PROG [Signature] ASF 0770 10/27/95 (L) M H E 2 MN MD MX _____
W/OPS [Signature] AWO 2021 10/29/95 (L) M H E 2 MN MD MX _____

WARDEN'S ACTION: ESCAPE RISK SECURITY
WARDEN'S DESIGNATION: (L) M H E (MN) MD MX
IF DIFFERENT FROM ASSESSED SECURITY DESIGNATION, RATIONALE: _____

[Signature] 10-30-95
WARDEN'S SIGNATURE DATE

TRANSFER COORDINATOR'S ACTION: FINAL SECURITY
MN MD MX
THIS IS AN OVERRIDE OF THE ASSESSED SECURITY DESIGNATION: YES _____
NO _____
RATIONALE: _____

TRANSFER COORDINATOR'S SIGNATURE DATE

*** END OF REPORT ***
IDOC SUBPOENA RESPONSE PLAINTIFFS 000124

RUN DATE: ILLINOIS DEPARTMENT OF CORRECTIONS-COS PAGE 4
DATA SUMMARY REPORT DC 9035
NAME: CURRENT LOCATION: Graham C.C.
IDOC #: CURRENT SECURITY: SEX: M

1. NICKNAMES/AKA'S:

2. GANG AFFILIATION/RANK:

3. ADMINISTRATIVE CONCERNS:

A. PREVIOUS ADMINISTRATIVE TRANSFERS INVOLVING THE SAFETY AND SECURITY OF THE INSTITUTION.

B. ANY DOCUMENTED ESCAPE OR ATTEMPTED ESCAPE FROM A SECURE CONFINEMENT OR SECURITY ESCORT.

C. PRIOR ASSAULTS.

PRIOR ASSAULT TICKETS: DR504.TABLE A -- OFFENSE #102

	TOTAL # TICKETS	ASSAULTEES INJURED?	LAST ASSAULT TICKET DATE	INST CODE	ASSAULTEES INJURED?
STAFF ASSAULT:	_____	YES ___ NO ___	___/___/___	_____	YES ___ NO ___
INMATE ASSAULT:	_____	YES ___ NO ___	___/___/___	_____	YES ___ NO ___

D. ANY EXTRAORDINARY PROTECTIVE CUSTODY NEEDS

E. ANY DANGEROUS DISTURBANCES INVOLVING VIOLENCE

F. ANY DISCIPLINARY REPORT WITH A GUILTY OUTCOME AND A DISPOSITION INCLUDING THE LOSS OF 30 OR MORE DAYS GOOD CONDUCT CREDITS.

4. CRITICAL SPECIAL NEEDS (FOR TRANSFERS ONLY):

5. STAFF COMMENTS AND OBSERVATIONS:

ID #6406

DEIR113

ILLINOIS DEPARTMENT OF CORRECTIONS

2

PAGE 1

INMATE TRACKING SYSTEM: TR

RUN DATE: 8/28/95

DATE OF DATE: 08/28/95

TRANSFER REPORT

RUN TIME: 23.27.17

NAME: REED, LENN D.

CURRENT LOCATION: GRAHAM

IDOC #: B28789

CURRENT SECURITY: MEDIUM

SEX: MALE

TRANSFER ID #: 002

1. TYPE OF ACTION: TRANSFER ONLY	CURRENT TRANSFERS:	APPROVED	00
RECLASSIFICATION AND TRANSFER X		PENDING	01

2. TYPE OF TRANSFER:	3. TRANSFER FROM:	4. TRANSFER TO:	5. OK'D BY MEDICAL DEPT?
			YES X NO

X REQUEST	GEN POP	X	GEN POP
INMATE X	DIS SEG		DIS SEG
INST	PRO CUS		PRO CUS
ON OFF	INVEST		INVEST
EMERGENCY	MSU		MSU
DISCIPLINARY	DXN STC		DXN STC
ADMINISTRATIVE	WK CAMP		MN PSYC
ADJUSTMENT	CCC		CCC
OTHER	OTHER		OTHER

6. INMATE WANTS TRANSFER?
YES X NO
NEUT UNK

7. TRANSFER HISTORY

TOTAL TRANSFERS	001
DISC. TRANSFERS	000
TRANSFER DENIALS	000

3. REQ / REC PLACEMENT (NAME/CODE) SOUTHWESTERN IL WORK CAMP / SWW

APPROVED PLACEMENT (NAME/CODE)

7. REASON FOR TRANSFER: PROVIDE EXPLANATION

GOOD ADJUSTMENT	POOR ADJUSTMENT	DISCIPLINARY
ADMINISTRATIVE	EDUC/VOC	OTHER PROGRAMS
MENTAL HEALTH	MEDICAL	VISITATION
BEDSPACE X	OTHER	

COMMENTS:

INMATE IS RECOMMENDED FOR TRANSFER TO SOUTHWESTERN
JORKCAMP AT E. ST. LOUIS.

10. CRITERIA REVIEW: CHECK LOWEST PLACEMENT ALLOWED BY CRITERIA

			MINIMUM	MEDIUM	MAXIMUM
CURRENT SECURITY/DATE :	2	(07/13/95)		X	
ASSESSED SECURITY/DATE :	3	(08/28/95)	X		
CURRENT ESC RISK/DATE :	L	(08/08/95)	X		
ASSESSED ESC RISK/DATE :	L	(08/28/95)	X		
WARRANT FLAG/TYPE:	N			X	
TIME TO MSR:	1 YRS 5 MOS			X	
TIME TO BOARD DATE:	0 YRS 0 MOS				

>>>PLACEMENT ALLOWED BY A.D. CRITERIA<<< X

>>>EXCEPTION TO CRITERIA REQUESTED<<<

ID #6407

JERTR113

ILLINOIS DEPARTMENT OF CORRECTIONS
INMATE TRACKING SYSTEM: TR
TRANSFER REPORT

PAGE 2

DATE: 08/28/95

RUN DATE: 8/28/95
RUN TIME: 23.27.17NAME: REED, LENN D.
DOC #: B28789
TRANSFER ID #: 002CURRENT LOCATION: GRAHAM
CURRENT SECURITY: MEDIUM

SEX: MALE

1. RATIONALE FOR TRANSFER:

- | | |
|--------------------------------------|--------------------------------------|
| 1. THREAT TO INST SECURITY | 14. PREV NEG ADJ AT REQ FACILITY |
| 2. ESCAPE RISK DESIGNATION | 15. CRITICAL MENTAL HEALTH NEEDS |
| 3. ADDITIONAL OBSERVATION NEEDED | 16. CRITICAL MEDICAL NEEDS |
| 4. TIME TO MSR/MAX RELEASE DATE | 17. SUBSTANCE ABUSE |
| 5. ADDITIONAL INFORMATION | 18. PROXIMITY TO INMATE'S NEEDS |
| 6. FELONY/IMMIGRATION WARRANTS | 19. PC/SAFEKEEPING |
| 7. SERIOUS NATURE OF OFFENSE | 20. CRIMINAL HISTORY |
| 8. NATURE OF OFFENSE | 21. INSUFFICIENT REASON FOR TRANSFER |
| 9. OVERALL POSITIVE ADJUSTMENT | 22. BEDSPACE NEEDS |
| 10. OVERALL NEGATIVE ADJUSTMENT | 23. APPROPRIATELY PLACED |
| 11. RECENT POSITIVE ADJUSTMENT | 24. TRANSFER REASONS CITED ON PAGE 1 |
| 12. RECENT NEGATIVE ADJUSTMENT | 25. OTHER |
| 13. PAST FAILURE IN REDUCED SECURITY | 26. INMATE REQUEST WITHDRAWN |
| | 27. DENIED CCC/REVIEW ED |

2. STAFF REVIEW

REQ / REC PLACEMENT (NAME/CODE) >>>> Southwestern SWW/SWA

	SIGNATURE	TITLE	CODE	DATE	PLACEMENT	RTN
PREPARING	<u>[Signature]</u>	<u>CCIT</u>	<u>982</u>	<u>8/29/95</u>	<u>SWW</u>	<u>24</u>
COUNSELOR	<u>[Signature]</u>	<u>CUW</u>	<u>765</u>	<u>8/29/95</u>	<u>SWW</u>	<u>24</u>
SUPERVISOR	<u>[Signature]</u>					
ASN OFF/CHM						
ASN COM						
ASN COM						
UNIT SUPT						
AW/PROG	<u>[Signature]</u>		<u>1010</u>	<u>8-31-95</u>	<u>SWW</u>	<u>24</u>
AW/OPS	<u>[Signature]</u>		<u>2049</u>	<u>8-30-95</u>	<u>SWW</u>	<u>24</u>

3. WARDEN ACTION:

TRANSFER: APPROVED ☒ DENIED ☐ PLACEMENT: SWW

IF TRANSFER IS DENIED, RATIONALE: _____

IF APPROVED AND PLACEMENT DIFFERS FROM RECOMMENDED, RATIONALE: _____

WARDEN SIGNATURE

DATE

4. TRANSFER COORDINATOR ACTION:

TRANSFER: APPROVED ☒ DENIED ☐FINAL PLACEMENT SWW

IF TRANSFER IS DENIED, RATIONALE: _____

IF APPROVED AND PLACEMENT DIFFERS FROM WARDEN

RATIONALE: _____

TRANSFER COORDINATOR SIGNATURE

DATE

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000127

JERIC104

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 1

8/28/95

OFFENDER TRACKING SYSTEM: C

RUN DATE: 8/28/95

SECURITY RECLASSIFICATION/ESCAPE RISK

RUN TIME: 23:27.41

NAME: REED, LENN D.

CURRENT LOCATION: GRAHAM

DOC #: B28789

CURRENT SECURITY: MEDIUM

SEX: MALE

LIVING UNIT: GRA-19-B -10

SUPERVISION LEVEL:

1. TYPE OF ACTION:
RECLASSIFICATION2. TYPE OF RECLASS:
REQUEST3. SOURCE OF REQUEST:
INMATE

I. ESCAPE RISK REVIEW (SEE A.D.05.110A)

(L) (M) (H) (NONE)

A. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH/WITHOUT VIOLENCE IN THE LAST FIVE YEARS
(DATE/SITE): XB. INDICATION OF DESIRE/WILLINGNESS TO ESCAPE BY
SELF-ADMISSION OR PREPARATION FOR ESCAPE : XC. OUTSTANDING IMMIGRATION/MAJOR CRIMINAL CHARGE
WARRANTS (TYPE): XD. ESCAPE FROM AN OPEN FACILITY OR PROGRAM NOT
INVOLVING ACTUAL OR THREATENED VIOLENCE
(DATE/SITE):(PAROLE ABSC: CCC UN/24: CCC OV/24:)
BOND VIOL: MIL AWOL: MNTL HLTH FAC:) XE. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH OR WITHOUT VIOLENCE OVER FIVE YEARS AGO
(DATE/SITE):F. ADJUSTMENT, PERSONAL, OR SOCIAL PROBLEMS
WITHIN OR OUTSIDE THE INSTITUTION : XG. TYPE/LENGTH OF SENTENCE TIME/MSR: 01 YR 04 MO
(TIME/MSR:Y IND: LIF: NLIF: DTH:) : X

H. OTHER: X

CURRENT DESIGNATION: LOW

RECOMMENDED DESIGNATION: LOW

3. ASSESSED SECURITY DESIGNATION: (SCORING PERIOD BEGINS: 06/22/95)

A. MAJOR DISCIPLINARY SANCTION SCORE (# 000) (1 OR MORE=6;0=0): 0

B. SEGREGATION PLACEMENT SCORE (# 000) (1 OR MORE=4;0=0): 0

C. SECURITY DESIGNATION SCORE (MAXIMUM=3;MEDIUM/MINIMUM=0): 0

D. PRIMARY ASSIGNMENT SCORE (# 002) (7 OR MORE=2;6 OR LESS=0): 0

E. CURRENT AGE SCORE (22 OR YOUNGER=1;23 OR OLDER=0): 1

F. TOTAL SCORE

G. SCORED SECURITY DESIGNATION (0-1=MN,2-5=MD,6+=MX): MINIMUM

H. ADJUSTMENT FOR ESCAPE RISK DESIGNATION: MINIMUM

I. ASSESSED SECURITY DESIGNATION: MINIMUM

ID #6409

JEDCR104

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 2

8/28/95

OFFENDER TRACKING SYSTEM: C

RUN DATE: 8/28/95

NAME: REED, LENN O.

SECURITY RECLASSIFICATION/ESCAPE RISK

RUN TIME: 23.27.41

IDOC #: B28789

CURRENT LOCATION: GRAHAM

CURRENT SECURITY: MEDIUM

SEX: MALE

LIVING UNIT: GRA-19-B -10

SUPERVISION LEVEL:

6. RATIONALE FOR SECURITY/ESCAPE RISK VOTES:

- | | |
|----------------------------------|--------------------------------------|
| 1. THREAT TO INST SECURITY | 11. RECENT POSITIVE ADJUSTMENT |
| 2. ESCAPE RISK DESIGNATION | 12. RECENT NEGATIVE ADJUSTMENT |
| 3. ADDITIONAL OBSERVATION NEEDED | 13. PAST FAILURE IN REDUCED SECURITY |
| 4. TIME TO MSR/MAX RELEASE DATE | 14. SCORED SECURITY DESIGNATION |
| 5. ADDITIONAL INFORMATION | 15. MAJOR CRIMINAL CHARGES PENDING |
| 6. FELONY/IMMIGRATION WARRANTS | 16. SERIOUS NATURE OF INCIDENT |
| 7. SERIOUS NATURE OF OFFENSE | 17. OTHER _____ |
| 8. NATURE OF OFFENSE | 18. OTHER _____ |
| 9. OVERALL POSITIVE ADJUSTMENT | 19. OTHER _____ |
| 10. OVERALL NEGATIVE ADJUSTMENT | 20. OTHER _____ |

7. FACILITY REVIEW:

ESCAPE RISK SECURITY

RECOMMENDED ESCAPE RISK DESIGNATION: LOWASSESSED SECURITY DESIGNATION: MINIMUM

SIGNATURE	TITLE	CODE	DATE	VOTE	RTN	VOTE	RTN
PREPARING							
COUNSELOR <u>[Signature]</u>	<u>CCP</u>	<u>982</u>	<u>8/28/95</u>	<u>(L)</u> M H	<u>2</u>	<u>(MN)</u> MD MX	<u>14</u>
CWS/CSS <u>[Signature]</u>	<u>WWS</u>	<u>165</u>	<u>8/29/95</u>	<u>(L)</u> M H	<u>2</u>	<u>(MN)</u> MD MX	<u>14</u>
STAFF REVIEW:							
SECR SPEC				L M H E			

AW/PROG <u>[Signature]</u>	<u>1010</u>	<u>8-21-95</u>	<u>(L)</u> M H E	<u>2</u>	<u>(MN)</u> MD MX	<u>14</u>
AW/OPS <u>[Signature]</u>	<u>2019</u>	<u>8-30-95</u>	<u>(L)</u> M H E	<u>2</u>	<u>(MN)</u> MD MX	<u>14</u>

3. WARDEN'S ACTION:

ESCAPE RISK SECURITY

WARDEN'S DESIGNATION: (L) M H E (MN) MD MXIF DIFFERENT FROM ASSESSED SECURITY DESIGNATION, RATIONALE: 9/7/95WARDEN'S SIGNATURE [Signature]DATE 9/3/95

8. TRANSFER COORDINATOR'S ACTION:

FINAL SECURITY

MN MD MX

THIS IS AN OVERRIDE OF THE ASSESSED SECURITY DESIGNATION: YES _____

NO _____

RATIONALE: [Signature]TRANSFER COORDINATOR'S SIGNATURE [Signature]DATE 9-11-95

INCH 06

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 1

AS OF DATE: 08/28/95

INMATE DATA SUMMARY

RUN DATE: 8/28/95

RUN TIME: 10.58.03

NAME: REED, LENN D.

CURRENT LOCATION: GRAHAM

IDOC #: B28789

CURRENT SECURITY: MEDIUM

SEX: MALE

IDENTIFICATION DATA:

HEIGHT: 5' 09"
 WEIGHT: 154
 DATE OF BIRTH: 05/11/77
 AGE: 18
 EYE COLOR: BROWN
 HAIR COLOR: BLACK
 RACE: BLACK
 ETHNIC PREF: BLACK

MARKS/SCARS(LOC):

TAT CHEST HEART, B.S. U.F.; CHEST; BITE MARK

2. INCARCERATION DATA:

GRADE: A
 EFFECTIVE DATE: 06/22/95
 PROJ RETURN TO "A":
 CURRENT ESCAPE RISK: LOW
 OUTSTANDING WARRANTS: NO
 KEEP SEPARATE FROM: NO
 VICTIM NOTIFICATION: NO

CURRENT SECURITY: MEDIUM
 EFFECTIVE DATE: 07/13/95
 LAST RECLASS DATE: 06/30/95
 CURRENT SUPERVISION LVL:
 EFFECTIVE DATE:
 LAST REVIEW DATE: 8/29/95

3. SENTENCE DATA:

ADMISSION TYPE: DRO CURRENT ADMIT DATE: 06/22/1995
 NEXT BOARD DATE: N/A PROJECTED MSR DATE: 01/08/1997
 FIRST BOARD DATE: / / MSR DISCHARGE DATE: 01/08/1999

OF BOARD APPEARANCES:

OFFENSE DESCRIPTION	COM. COUNTY	CL MIN SENTENCE / MAX SENTENCE	CS/CC
AGGR DISCHARGE OF A FIREARM	MADISON	1 0004 00 0000 0004 00 0000	CC

4. PRIOR ASSAULT TICKETS: DR504, TABLE A - OFFENSE #102

TOTAL # TICKETS	ASSAULTEES INJURED?	LAST ASSAULT TICKET DATE	INST CODE	ASSAULTEES INJURED?
-----------------	---------------------	--------------------------	-----------	---------------------

STAFF ASSAULT: 0 YES NO / / YES NO

INMATE ASSAULT: 0 YES NO / / YES NO

5. DISCIPLINARY SUMMARY: NUMBER OF

LAST 6 MONTHS	PRIOR 6 MONTHS	06/22/95-08/28/95
---------------	----------------	-------------------

DISCIPLINARY REPORTS WITH GUILTY OUTCOMES:

TOTAL MAJOR TICKETS

1	0	1
---	---	---

TOTAL MINOR TICKETS

0	0	0
---	---	---

DISC. SEG PLACEMENTS/TOTAL DAYS SENTENCED:

0/0	0/0	0/0
-----	-----	-----

GRADE REDUCTIONS/TOTAL LENGTH: "B"

0/0	0/0	0/0
-----	-----	-----

"C"

0/0	0/0	0/0
-----	-----	-----

DAY-FOR-DAY GOODTIME: REVOKED

0	0	0
---	---	---

RESTORED

0	0	0
---	---	---

MERITORIOUS GOODTIME AWARDED:

0	0	0
---	---	---

DECR 006

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 2

OFFENDER TRACKING SYSTEM: C

RUN DATE: 8/28/95

AS OF DATE: 08/28/95

INMATE DATA SUMMARY

RUN TIME: 10.58.03

NAME: REED, LENN D.

CURRENT LOCATION: GRAHAM

IDOC #: B28789

CURRENT SECURITY: MEDIUM

SEX: MALE

IDOC #: B28789 NAME: REED, LENN D.

HOUSE GAL CELL
LIVING UNIT: 19 B 10

INST	ASSIGNMENT/JOB DESCRIPTION	P	STARTING DATE	ENDING DATE	TERMINATION REASON	DATE
GRA	DIETARY DEPT., WORKER	Y	07/21/95		ACTIVE	
GRA	ED/VOC EARNED TIME, PARTICIPANT	N	08/14/95	11/14/95	ACTIVE	
GRA	VOC-COOP WORK TRNG, STUDENT	N	08/13/95		ACTIVE	
GRA	ORIENTATION, PARTICIPANT	Y	07/13/95		CHNG	07/20/95
GRC	UNASSIGNED(NO PAY), PARTICIPANT	N	06/22/95	07/22/95	CMPL	07/13/95
GRC	DIAGNOSTIC, PARTICIPANT	Y	06/22/95		CMPL	07/12/95

PERCR106 TELLING DEPARTMENT OF CORRECTIONS PAGE: 3
OFFENDER TRACKING SYSTEM: C RUN DATE: 8/28/95
DATE OF DATE: 08/28/95 INMATE DATA SUMMARY RUN TIME: 10.58.03
NAME: REED, LENN D. CURRENT LOCATION: GRAHAM
IDOC #: B28789 CURRENT SECURITY: MEDIUM SEX: MALE

INMATE DENIED CONTACTS--KEEP SEPARATE FROM
** DECLARED BY INMATE **

SOURCE INST	CURRENT INST	PARENT INST	INMATE ID	INMATE NAME	RSN	CNSLR ID	EFFECTIVE DATE
NO DECLARED CONTACTS							

INMATE DENIED CONTACTS--KEEP SEPARATE FROM
** INMATE IS DECLARED **

SOURCE INST	CURRENT INST	PARENT INST	INMATE ID	INMATE NAME	RSN	CNSLR ID	EFFECTIVE DATE
NOT A DECLARED CONTACT							

DECR006

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 4

OFFENDER TRACKING SYSTEM: C

RUN DATE: 8/28/95

AS OF DATE: 08/28/95

INMATE DATA SUMMARY

RUN TIME: 10.58.03

NAME: REED, LENN D.

CURRENT LOCATION: GRAHAM

IDOC #: B28789

CURRENT SECURITY: MEDIUM

SEX: MALE

NICKNAMES/AKA'S:

INDICATE
NICKNAME

EFFECTIVE
DATE

REED, GLENN

A

08/17/95

REED, LENN D.

A

08/17/95

REED, LENNY

A

08/17/95

1. GANG AFFILIATIONS :

NO GANG AFFILIATIONS REPORTED

ILLINOIS DEPARTMENT OF CORRECTIONS

RUN DATE: DATA SUMMARY REPORT DC 9035
NAME: REED, Lenn CURRENT LOCATION: Graham C.C.
IDOC#: B28789 CURRENT SECURITY: Minimum SEX:M

1. NICKNAMES/AKA'S:

See Inmate Data Summary Report.

2. GANG AFFILIATION/RANK:

Inmate is affiliated with the street gang "Gangster Disciples".

3. ADMINISTRATION CONCERNS:

A. PREVIOUS ADMINISTRATIVE TRANSFERS INVOLVING THE SAFETY AND SECURITY OF THE INSTITUTION:

Inmate has had no documented administrative transfers.

B. ANY DOCUMENTED ESCAPE OR ATTEMPTED ESCAPE FROM A SECURE CONFINEMENT OR SECURITY ESCORT:

Inmate has had no documented escapes.

C. PRIOR ASSAULTS:

PRIOR ASSAULT TICKETS: DR504.TABLE A-OFFENSE #102

	TOTAL# TICKETS	ASSAULTEES INJURED?	LAST ASSAULT TICKET DATE	INTS. CODE	ASSAULTEES INJURED?
STAFF ASSAULT:	0	YES__NO__	___/___/___	___	YES__NO__
INMATE ASSAULT:	0	YES__NO__	___/___/___	___	YES__NO__

D. ANY EXTRAORDINARY PROTECTIVE CUSTODY NEEDS:

Inmate has had no apparent protective custody needs.

E. ANY DANGEROUS DISTURBANCES INVOLVING VIOLENCE:

Inmate has had no dangerous disturbances.

F. ANY DISCIPLINARY REPORT WITH A GUILTY OUTCOME AND A DISPOSITION INCLUDING THE LOSS OF 30 OR MORE DAYS GOOD CONDUCT CREDITS:

Inmate has had no apparent loss of Good Conduct Credits.

4. CRITICAL SPECIAL NEEDS (FOR TRANSFERS ONLY):

Inmate has no apparent critical special needs.

5. STAFF COMMENTS AND OBSERVATIONS:

There are no additional staff comments.

ID #6415

OE 134

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 2

08/08/95

ENDER TRACKING SYSTEM: C

RUN DATE: 8/08/95

NAME: REED, LENN D.

SECURITY RECLASSIFICATION/ESCAPE RISK

RUN TIME: 22.43.36

IDOC #: B28789

CURRENT LOCATION: GRAHAM

SEX: MALE

LIVING UNIT: GRA-19-B -10

CURRENT SECURITY: MEDIUM

SUPERVISION LEVEL:

6. RATIONALE FOR SECURITY/ESCAPE RISK VOTES:

- | | |
|----------------------------------|--------------------------------------|
| 1. THREAT TO INST SECURITY | 11. RECENT POSITIVE ADJUSTMENT |
| 2. ESCAPE RISK DESIGNATION | 12. RECENT NEGATIVE ADJUSTMENT |
| 3. ADDITIONAL OBSERVATION NEEDED | 13. PAST FAILURE IN REDUCED SECURITY |
| 4. TIME TO MSR/MAX RELEASE DATE | 14. SCORED SECURITY DESIGNATION |
| 5. ADDITIONAL INFORMATION | 15. MAJOR CRIMINAL CHARGES PENDING |
| 6. FELONY/IMMIGRATION WARRANTS | 16. SERIOUS NATURE OF INCIDENT |
| 7. SERIOUS NATURE OF OFFENSE | 17. OTHER _____ |
| 8. NATURE OF OFFENSE | 18. OTHER _____ |
| 9. OVERALL POSITIVE ADJUSTMENT | 19. OTHER _____ |
| 10. OVERALL NEGATIVE ADJUSTMENT | 20. OTHER _____ |

7. FACILITY REVIEW:

ESCAPE RISK SECURITY

RECOMMENDED ESCAPE RISK DESIGNATION: LOW

ASSESSED SECURITY DESIGNATION:

	SIGNATURE	TITLE	CODE	DATE	VOTE	RTN	VOTE	RTN
PREPARING COUNSELOR	<i>[Signature]</i>	CCU	910	8/10/95	(L) M H	2	MN MD MX	
CWS/CSS	<i>[Signature]</i>	CWS	765	8/10/95	(L) M H	2	MN MD MX	
STAFF REVIEW:								

SECR SPEC

L M H E

AW/PROD	<i>[Signature]</i>	SRJA	100	8-11-95	(L) M H E	2	MN MD MX	
---------	--------------------	------	-----	---------	-----------	---	----------	--

AW/OPS	<i>[Signature]</i>	2049	8-11-95	(L) M H E	2	MN MD MX	
--------	--------------------	------	---------	-----------	---	----------	--

8. WARDEN'S ACTION:

ESCAPE RISK SECURITY

WARDEN'S DESIGNATION (L) M H E MN MD MX

IF DIFFERENT FROM ASSESSED SECURITY DESIGNATION, RATIONALE: _____

ENTERED
DATE
INITIALS

[Signature]

WARDEN'S SIGNATURE

DATE

9. TRANSFER COORDINATOR'S ACTION:

FINAL SECURITY

MN MD MX

THIS IS AN OVERRIDE OF THE ASSESSED SECURITY DESIGNATION: YES _____

NO _____

RATIONALE: _____

TRANSFER COORDINATOR'S SIGNATURE

DATE

MENTAL HEALTH EVALUATION

NAME: INCE, Larry

NUMBER: B28778

DATE: 7/13/95

REASON FOR REFERRAL: Pre-Group Sex Offender Treatment Program.


SUBJECTIVE DATA: Mr. Ince was interviewed for the program and he states that he wants to participate in the program.

OBJECTIVE DATA AND HISTORY: Mr. Ince is presently incarcerated for Aggravated Criminal Sexual Abuse.

DIAGNOSIS (provisional/final):

Axis I: Pre-Group Sex Offender Treatment Program
Axis II:

SUMMARY AND TREATMENT PLAN: Mr. Ince was interviewed for the program and he agrees to participate in the program. Mr. Ince will be placed in the housing unit at the first available opportunity.


J. A. Haganich, Psychologist II
Graham Correctional Center

Date: 7/13/95

JK/cm

DERCR102

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM
INITIAL CLASSIFICATION REPORT

PAGE: 1
RUN DATE: 6/28/95
RUN TIME: 23.46.55

NAME: REED, LENN D.
IDOC #: B287891

CURRENT LOCATION: GRAHAM R&C

SEX: MALE

EVALUATION DATE: 06/28/95

ADJUSTMENT SCORE:

1A. AGE AT CURRENT ADMISSION 18
(SUBTRACT 14 FROM CURRENT AGE) - 14

1B. AGE AT ADMISSION SCORE 4 (ENTER THIS VALUE IN THE SPACES UNDER COLUMN B FOR 2,3,4)
(SEE CODE SHEET A FOR 2-5)

(CALCULATIONS 2-4 ROUNDED TO THE NEAREST WHOLE NUMBER)

CONVICTIONS X WT/AGE AT ADMISSION SCORE

	(COLUMN A)		(COLUMN B)		(COLUMN C)
2. NUMBER OF CONVICTIONS	1	X 20/	4	=	5
3. VIOLENCE RATIO SCORE	1	X 10/	4	=	3
4. ADJUSTMENT RATIO SCORE	0	X 30/	4	=	0
5. ESCAPE/ABSCONDING SCORE ENTER 5 AT (D) IF EVER CONVICTED OF ESCAPE OR ABSCONDING FROM A PRIOR SUPERVISION OR INCARCERATION, OTHERWISE ENTER 0 (ZERO)					0 (D)
6. CURRENT OFFENSE SCORE ENTER 10 AT (E) IF SERIOUSNESS OF CURRENT OFFENSE RATES 0 THROUGH 7 ON CODE SHEET (B), OTHERWISE ENTER 0 (ZERO)					10 (E)
7. PRIOR SUPERVISION HISTORY ENTER 5 AT (F) IF THERE WAS A TECHNICAL VIOLATION OR NEW OFFENSE WHILE ON SUPERVISION, OTHERWISE ENTER 0 (ZERO)					5 (F)
8. TOTAL ADJUSTMENT SCORE (ADD 2 THROUGH 7, ENTER TOTAL AT (G))					23 (G)

gza

ID #6418

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM: CR
INITIAL CLASSIFICATION REPORT
NAME: REED, LENN D.
IDOC #: B28789
SEX: MALE
RUN DATE: 6/28/95
RUN TIME: 23:46:55
PAGE: 2

9. CURRENT OFFENSE SERIOUSNESS
ENTER 10 AT (H) IF SERIOUSNESS OF OFFENSE RATES 5 OR
HIGHER FROM CODE SHEET B, OTHERWISE ENTER 0 (ZERO)
10 (H)

10. EMPLOYMENT SCORE
ENTER 10 AT (I) IF UNEMPLOYED PRIOR TO THE COMMISSION OF THE
OFFENSE, IF FULL TIME, PART TIME OR PARTIALLY EMPLOYED, ENTER
0 (ZERO)
10 (I)

11. AGE SCORE
ENTER 7 AT (J) IF 22 OR UNDER, OTHERWISE ENTER 0 (ZERO)
7 (J)

12. VIOLENT OFFENSE SCORE
ENTER 5 AT (K) IF A PRIOR CONVICTION FOR VIOLENCE AGAINST A
PERSON, OTHERWISE ENTER 0 (ZERO)
0 (K)

13. EXPECTED LENGTH OF STAY
ENTER 3 AT (L) IF EXPECTED STAY IS GREATER THAN 3 YEARS,
OTHERWISE ENTER 0 (ZERO)
0 (L)

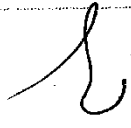
14. TOTAL DANGEROUSNESS SCORE
(ADD 9 THROUGH 13)
27 (M)

15. ADJUSTMENT SCORE RANGE: 1
16. DANGEROUSNESS SCORE RANGE: 1
6 = LOW 0-17
3 = MODERATE 18-21
1 = HIGH 22+

17. SECURITY LEVEL RECOMMENDATIONS:
A. SCORED SECURITY DESIGNATION
B. RECOMMENDED SECURITY DESIGNATION
MAXIMUM
MEDIUM

18. REASONS FOR OVERRIDE:
A. KNOWN GANG AFFILIATION
B. MAJOR CRIMINAL CHARGES PENDING
C. THREAT TO INSTITUTIONAL SECURITY
D. ESCAPE RISK DESIGNATION
E. UNDERATED SCORED SECURITY DESIGNATION
F. OVERATED SCORED SECURITY DESIGNATION
G. INITIAL SECURITY LEVEL RAISED DUE TO
INSTITUTION DISCIPLINARY ACTION DURING
RECEPTION
H. OTHER (DOCUMENT IN SUMMARY REPORT)

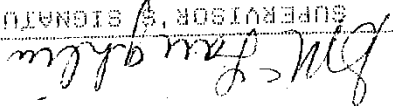
***** END OF REPORT *****

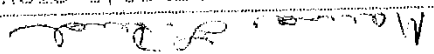
DATE 7/12 SIGNATURE 

NAME OF INSTITUTION  CODE IF CHANGE, REASON

INSTITUTIONAL PLACEMENT: FINAL SECURITY DESIGNATION: SECURITY LEVEL 2 IF OVERRIDE, REASON 04

24. TRANSFER COORDINATOR'S ACTION: *****

SUPERVISOR'S SIGNATURE  CODE 911 DATE 6-29-85

COUNSELOR'S SIGNATURE  CODE 0914 DATE 6-29-85

LIST BELOW ANY INSTITUTIONS NOT RECOMMENDED FOR PLACEMENT:

1. GRAHAM
2. CENTRALIA
3. ILLINOIS RIVER

INSTITUTION

22. PLACEMENT RECOMMENDATIONS: *****

NAME: REED, LENN D. IDOC #: 828789
CURRENT LOCATION: GRAHAM R&C
SEX: MALE
ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM: CR
INITIAL CLASSIFICATION REPORT
RUN DATE: 6/28/95
RUN TIME: 23:46:55
PAGE: 4

DERCR102

ILLINOIS DEPARTMENT OF CORRECTIONS

PAGE: 3

OFFENDER TRACKING SYSTEM:

RUN DATE: 6/28/95

INITIAL CLASSIFICATION REPORT

RUN TIME: 23.46.55

NAME: REED, LENN, D.

CURRENT LOCATION: GRAHAM R&C

SEX: MALE

IDOC #: 828789

19. ESCAPE RISK REVIEW: (SEE A.D.05.05.110A) (L) (M) (H) (NONE)

- A. ESCAPE FROM SECURE CONFINEMENT /SECURITY ESCORT
WITH/WITHOUT VIOLENCE IN THE LAST FIVE YEARS
(DATE/SITE:) X
- B. INDICATION OF DESIRE/ WILLINGNESS TO ESCAPE BY
SELF-ADMISSION OR PREPARATION FOR ESCAPE: X
- C. OUTSTANDING IMMIGRATION/MAJOR CRIMINAL CHARGE
WARRANTS (TYPE:) X
- D. ESCAPE FROM AN OPEN FACILITY OR PROGRAM NOT
INVOLVING ACTUAL OR THREATENED VIOLENCE
(DATE/SITE:)
(PAROLE ABSC: MIL AWOL: CCC ESCP:)
(BAILBOND VIOL: MENTAL HEALTH WALKAWAY:) X
- E. ESCAPE FROM SECURE CONFINEMENT/SECURITY ESCORT
WITH OR WITHOUT VIOLENCE OVER 5 YEARS AGO
(DAT /SITE:) X
- F. ADJUSTMENT, PERSONAL OR SOCIAL PROBLEMS
WITHIN OR OUTSIDE THE INSTITUTION: X
- G. TYPE/LENGTH OF SENTENCE TIME/MSR: 2 YR 0 MO
(TIME/MSR: Y IND: LIF: NLIF: DTH:) X
- H. OTHER ()
() X

CURRENT DESIGNATION: PENDING

RECOMMENDED DESIGNATION: LOW

20. CRITERIA REVIEW: CHECK LOWEST PLACEMENT ALLOWED BY A.D. 05.06.110A

	MINIMUM	MEDIUM	MAXIMUM
RECOMMENDED SECURITY LEVEL:	MEDIUM		X
RECOMMENDED ESCAPE RISK:	LOW		X
WARRANT FLAG:	N		
TIME TO MSR:	2 YRS	0 MOS	
TIME TO BOARD DATE:	0 YRS	0 MOS	

>>>PLACEMENT ALLOWED BY A.D. CRITERIA<<<

>>>EXCEPTION TO CRITERIA REQUESTED<<<

21. CONCERNS REQUIRING PLACEMENT CONSIDERATION:

- A. CRITICAL MEDICAL NEEDS
- B. CRITICAL MENTAL HEALTH NEEDS
- C. PHYSICAL IMPAIRMENT
- D. KEEP SEPARATE FROM X
- E. PROTECTIVE CUSTODY/SAFEKEEPING
- F. GANG AFFILIATION
- G. MAJOR CRIMINAL CHARGES PENDING
- H. OTHER CONCERNS (DOCUMENT IN SUMMARY REPORT)

Illinois Department of Corrections
Reception and Classification Unit

Graham Classification Summary Report

Inmate's Name

REED, Lenn

Number

B28789 (7/10/95)

PSYCHOLOGICAL: (6/27/95) Mr. Reed states he is presently incarcerated for aggravated discharge of a firearm and has been given a four year sentence. Reed stated he "shot a guy in a house". He states he was accused of doing it and he reports that he did not perpetrate the crime. Mr. Reed was previously convicted of aggravated battery but denies juvenile criminality. Mr. Reed is thought to have average intelligence with no formalized thought disorders nor emotional defects being noted. He was oriented to time, place and person. Mr. Reed does not have a high school diploma, therefore, academic and vocational programming is being recommended. He has used marijuana and alcohol on an occasional basis and is being recommended for substance abuse counseling.


J. A. Kaganich, Psychologist II

INMATE'S VERSION OF OFFENSE: (6/29/95) Inmate Reed is currently serving 4 years for Aggravated Discharge of a Firearm. He indicates that he was with some people when they shot a gun up in the air in Alton, Illinois.

ENEMIES: None noted.

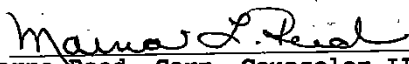
GANGS: Gangster Disciple.


ESCAPE RISK LEVEL: This inmate was reviewed on 6/28/95 and placed in a low escape risk level.

SUMMARY: Lenn Reed is a 18-year-old, apparent first time offender to the Illinois Department of Corrections. He is currently serving 4 years for Aggravated Discharge of a Firearm. The inmate was received at the Graham R&C Unit on 6/22/95 from Madison County.

Inmate Reed indicates he was born and raised in the Alton area. His mother and father are still alive. He is single and has fathered 2 children. He reports a 11th grade education and was not working at the time. He claims no military experience, no drug or alcohol history, no mental hospital placements, no suicide attempts, no escape problems or problems as a juvenile. He has no religious preference. To the best of his knowledge there are no other charges pending and he has never been incarcerated in any other state. His leisure time activities revolve around basketball. His nearest contact in the free community is Joyce Reed, mother, 914 Riley, Alton, IL.

The Security Classification Instrument has placed this inmate in medium security. A Graham Correctional Center placement is being recommended.

Counselor's Signature: 
D.C.A. - 1519 IL - 426-1132 Marna Reed, Corr. Counselor II
ces

R&C Supervisor's Signature: 
Steve McLaughlin, R&C Unit Supervisor

MENTAL HEALTH EVALUATION

NAME: REED, Lenn

NUMBER: B28789

DATE: 6/27/95

REASON FOR REFERRAL: Mr. Reed is being processed through the R&C Unit at Graham.

SUBJECTIVE DATA: Mr. Reed states he is presently incarcerated for aggravated discharge of a firearm and has been given a four year sentence. Reed stated he "shot a guy in a house". He states he was accused of doing it and he reports that he did not perpetrate the crime. Mr. Reed was previously convicted of aggravated battery but denies juvenile criminality. Mr. Reed is thought to have average intelligence with no formalized thought disorders nor emotional defects being noted. He was oriented to time, place and person.

OBJECTIVE DATA AND HISTORY: Mr. Reed is a single male. He claims a girlfriend of two years. He has fathered two children. His parents are alive but divorced with both parents being the primary caretakers. He denies his parents being substance abusers or displaying any abusive behavior towards him while he was living in that family unit.

Mr. Reed claims average academic skills and did not require any special education programming. He completed the 11th grade but dropped out for no apparent reason. He did not display any aggressive behavior while in school nor use drugs or alcohol.

Mr. Reed denies any work history.

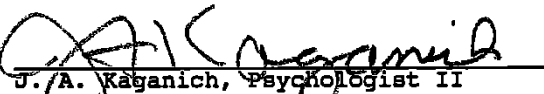
Mr. Reed has used marijuana and occasionally alcohol. He has not submitted himself to any substance abuse counseling while in the free community. He denies any mental treatment or previous suicide attempts.

DIAGNOSIS (provisional/final)

AXIS I: Deferred

AXIS II:

SUMMARY AND TREATMENT PLAN: (6/27/95) Mr. Reed states he is presently incarcerated for aggravated discharge of a firearm and has been given a four year sentence. Reed stated he "shot a guy in a house". He states he was accused of doing it and he reports that he did not perpetrate the crime. Mr. Reed was previously convicted of aggravated battery but denies juvenile criminality. Mr. Reed is thought to have average intelligence with no formalized thought disorders nor emotional defects being noted. He was oriented to time, place and person. Mr. Reed does not have a high school diploma, therefore, academic and vocational programming is being recommended. He has used marijuana and alcohol on an occasional basis and is being recommended for substance abuse counseling.


J. A. Kaganich, Psychologist II
Graham Correctional Center
rlt
DCA 7157 (8/1/87)
IL 426-10643

DATE: 6/27/95

OERCR112

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM
EXECUTIVE SUMMARY

PAGE: 1
DATE: 06/28/95
TIME: 09:57:14

AS OF DATE: 06/28/95

IDOC#: B28789 REED, LENN D.

P A GRC-10-D -15

----- S U M M A R Y -----

INMATE REED IS A 18 YEAR OLD BLACK MALE RECEIVED ON 06/22/95 AT GRAHAM RECEPTION CENTER AS A DIRECT FROM COURT ADMISSION. THE CURRENT HOLDING OFFENSE IS AGGR DISCHARGE OF A FIREARM, (A CLASS 1 FELONY), WITH A SENTENCE OF 4 YEARS. THE COMMITTING COUNTY IS MADISON.

INMATE REED IS SERVING SENTENCES FOR:
OFFENSE

	MIT	ADMT	TIME TO SERV	CLS	CNTS	CC/CS
*AGGR DISCHARGE OF A FIREARM	06/22/95	0004	00 0000	1	1	CC

CURRENT:

ADMIT TYPE: DIRECT FROM COURT
PROJ MSR DATE: 06/22/1997
LAST CALC DATE: 06/22/1995

ADMIT DATE: 06/22/1995
PROJ DISC: 06/22/1999

----- I D E N T I F I C A T I O N -----

HEIGHT: 5 FT. 9 IN.
WEIGHT: 154 LBS.
BIRTHDATE: 05/11/77 AGE: 18
BIRTHPLACE: ILLINOIS

IR:
BOI:
FBI:
SSN:

RACE: BLACK
ETHNIC PREF: BLACK
HAIR COLOR: BLACK
EYE COLOR: BROWN

DCN #1: 22988349X
DCN #2:
DCN #3:
DCN #4:

----- LOCATION MARKS/SCARS -----

TATTOO CHEST

-- DESCRIPTION OF MARK/SCAR--

HEART, B.S. U.F.; CHEST; BITE MA

----- E D U C A T I O N -----

LAST SCHOOL:

LAST GRD COMP: ELEVENTH GRADE - HIGH SCHOOL J

IQ SCORE:
TEST DATE:
TABE SCORE:
TEST DATE:
HS DIP/GED: NO

DECR12 ILLINOIS DEPARTMENT OF CORRECTIONS
AS OF DATE: 06/28/95
EXECUTIVE SUMMARY
DATE: 06/28/95
PAGE: 2
TIME: 09:57:14
IDOC#1: B28789 REED, LENN D. P A GRC-10-D -15
-----EMPLOYMENT-----
SOURCE:
LATEST:
PREVIOUS:
START DATE: 00/00
END DATE: 00/00
START DATE: 00/00
END DATE: 00/00
OCCUPATIONAL SKILLS: NONE
-----EMERGENCY CONTACTS-----
REED, JOYCE MOTHER
914 RILEY
ALTON, IL
618-463-0319
-----MEDICAL / PSYCHOLOGICAL-----
DRUGS USED: ALCOHOL
IDOC MENTAL HEALTH PLCMTS: NO
LAST PHYSICAL: 06/27/95
GENERAL CONDITION:
MEDICAL ISSUES:
MENTAL HEALTH ISSUES:
OTHER MEDICAL ISSUES:
-----PERSONAL-----
SOURCE:
LAST ADDRESS: 914 RILEY
ALTON, IL
MADISON COUNTY
SINGLE
02 CHILDREN
NONE
CITIZENSHIP: NATIVE BORN
SPOKEN LANGUAGES:

DERCR113

ILLINOIS DEPARTMENT OF CORRECTION
OFFENDER TRACKING SYSTEM
SCORING DATA SUMMARY

PAGE: 1
DATE: 06/28/95
TIME: 10:10:07

AS OF DATE: 06/28/95

B28789 REED, LENN D. HEIGHT: 5' 9" MARITAL STATUS: SINGLE
RACE: BLACK AGE: 18 WEIGHT: 154 PROJ MSR DATE: 06/22/1997
CURRENT ADMIT TYPE: DIRECT FROM COURT LAST CALC DATE: 06/22/1995

----- OFFENSE DATA -----

CURRENT	MIT ADMIT	TIME TO SERV	CLS	CNIS	CC/CS
*AGGR DISCHARGE OF A FIREARM	06/22/95	0004 00 0000	1	1	CC

DISCHARGED
* NOT ON FILE

OFFENSES BY CATEGORY	TOTAL NO.	OFFENSES BY CATEGORY	TOTAL NO.
VIOLENT OFFENSES	1	BURGLARY/THEFT	0
PRIOR CONVICTIONS	0	SEX OFFENSES	0
MURDER/ROBBERY	0	MINOR OFFENSES	0

----- OUTSTANDING WARRANT DATA -----

NUMBER	TYPE	ISSUED
* NOT ON FILE		

----- A K A 'S -----

NAME	EFF DATE	TYPE
* NOT ON FILE		

----- GANG AFFILIATIONS -----

REPORTED GANG	TYPE	EFF DATE	INST	POSITION
* NOT ON FILE				

----- PRIOR INCARCERATION -----

ADMIT TYPE: * NOT ON FILE	ADMIT DATE:
EXITED:	EXIT DATE:
PARENT:	
LAST SECURITY LEVEL:	EFF DATE:
LAST ESCAPE RISK:	EFF DATE:
LAST GRADE:	

----- KEEP SEPERATE FROM -----

IDOC #	NAME	LOC HSE	RSN	EFF DATE	INST

LOC ADMIT TYPE _____ ADMIT DATE _____
GRC DIRECT FROM COURT 06/22/1995

----- A D M I S S I O N - H I S T O R Y -----

* NOT ON FILE
TYPE OF ADJUSTMENT _____
YRS. MO. DAYS _____
TIME ADJUSTED _____
MAX/MIN _____ BOTH _____
EFFECTIVE DATE _____

----- T I M E A D J U S T M E N T S -----

LOC ASSIGNMENT/JOB DESCRIPTION _____
GRC DIAGNOSTIC, PARTICIPANT Y 06/22/95
GRC UNASSIGNED(NO PAY), PARTICIPANT N 06/22/95
STARTING DATE _____
ENDING DATE _____
TERMINATION REASON DATE _____
07/22/95 CMPL 07/22/95

----- A S S I G N M E N T H I S T O R Y -----

DATE _____ TIME _____
06/22/95 11 37
ADMIT IN _____
FROM _____ TO _____
GRC ADM GRC PARENT INSTITUTION GRAHAM

----- M O V E M E N T H I S T O R Y -----

DECLARED BY: _____
* NOT ON FILE
DECLARES: _____
* NOT ON FILE
MEDICAL ISSUES:
MENTAL HEALTH ISSUES:
OTHER MEDICAL ISSUES:
GENERAL CONDITION:
LAST PHYSICAL:
100C MENTAL HEALTH PLCMTS: NO
DRUGS USED:
ALCOHOL

----- M E D I C A L / P S Y C H O L O G I C A L -----

DECLARED BY: _____
* NOT ON FILE
DECLARES: _____
* NOT ON FILE

AS OF DATE: 06/28/95
SCORING DATA SUMMARY
ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM
PAGE: 2
DATE: 06/28/95
TIME: 10:10:07
826789 REED, LENN D. HEIGHT: 5' 9" MARITAL STATUS: SINGLE
RACE: BLACK AGE: 18 WEIGHT: 154
PROJ MSR DATE: 06/22/1997
LAST CALC DATE: 06/22/1995

DERCR113

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER TRACKING SYSTEM
SCORING DATA SUMMARY

PAGE: 3
DATE: 06/28/95
TIME: 10:10:07

AS OF DATE: 06/28/95

B28789 REED, LENN D. HEIGHT: 5' 9" MARITAL STATUS: SINGLE
RACE: BLACK AGE: 18 WEIGHT: 154 PROJ MSR DATE: 06/22/1997
CURRENT ADMIT TYPE: DIRECT FROM COURT LAST CALC DATE: 06/22/1995

-----CURRENT INCARCERATION-----

GRADE:	A	EFFECTIVE DATE:	06/22/95
PROJ RETURN TO "A":			
CURRENT SECURITY:	PENDING	EFFECTIVE DATE:	06/22/95
CURRENT ESCAPE RISK:	PENDING	EFFECTIVE DATE:	06/22/95
LAST RECLASS DATE:			
CURRENT SUPERVISION LVL:		EFFECTIVE DATE:	
LAST REVIEW DATE:	___/___/___		

State of Illinois -- Department of Corrections
ADULT DIVISION
ADJUSTMENT COMMITTEE SUMMARY

Page C of 1

Committed Person: DEAN No. B28789 Race: B
Offense Date: 3/31/96 Time: 3:40 am Location: DIETM Facility: Bunker
Facility where Hearing Held: Bunker Hearing Date: 4/3/96 Time: 11:01 am
COMMITTED PERSON REQUESTED WITNESSES: No ☒ Yes ☐ state names: _____
WITNESSES CALLED: Yes ☐ state names: _____
(Include witnesses' statements.)
No ☐ state reasons and explain below.

- ☐ Request for witness was not timely. _____
☐ Testimony would be cumulative. _____
☐ Testimony would be irrelevant. _____
☐ Calling witnesses would undermine authority or jeopardize security. _____
☐ Other (Specify) _____

RECORD OF PROCEEDINGS: MR. DEAN DENIES ANY CLAIMS OF CONVICTION, 402403
404 not guilty state he was smoking in between the
doors

DISPOSITION AND BASIS FOR DECISION: Based upon available evidence, the Committee finds the committed person:

- ☐ NOT GUILTY. ☒ GUILTY of the offense(s) charged. (State reasons below.)
☐ GUILTY OF _____ (Offense(s)) (state reasons below), but
☐ NOT GUILTY of _____ (Offense(s)).

REASONS: Based on written LMR by staff and inmate
statement that he was smoking in between the
doors

DISCIPLINARY ACTION:

- ☐ Revoke Statutory Good Time or Good Conduct Credits: _____ ☐ Segregation: _____
☐ Demotion to _____ Grade for _____ ☐ Restitution: \$ _____ to _____
☐ Other (specify): V.R.

CHAIRMAN: R. Sievers Signature: _____ Race: _____
MEMBER: CD Monk Signature: _____ Race: _____
MEMBER: _____ Signature: _____ Race: _____

- ☒ Approved ☐ Not Approved: ☐ reduce ☐ remand ☐ or other: _____

4/3/96 Date: _____
CHIEF ADMINISTRATIVE OFFICER: [Signature]
The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.
Colman Employee Serving Copy to Committed Person 4.4.96 SA When Served -- Date and Time

B75

State of Illinois -- Department of Corrections
DISCIPLINARY REPORT

Page 1 of 1

☒ Disciplinary Report 3-30-96 Date 3-30-96 ☐ Confinement Pending Issuance of Disciplinary Report Date _____

☐ Investigative Report _____ Date _____

Committed Person: Reed No. B-28789 Facility: BMRCC

Observation Date: 3-30-96 Time: 3:40 ^{am}/_{pm} Location: Dietary

B. House PRINT Employee's Name B. House Employee's Signature/Time/Shift 6:11 pm / 3-11

Offense: 402 Health, Smoking or Safety Violations 403 Disobeying a Direct Order
404 Violation of Rules

Observation: _____
On the above date & approx time this c/o observed Jm Reed B28789
smoking in dietary on the small side. This c/o has warned the
dietary workers that if they wanted to smoke to take it outside
by the entrance & exit doors. End of report.

Witnesses, if any: _____

NOTE: Use additional pages if necessary to describe observation and/or list witnesses.

☐ Temporary Confinement ☐ Investigative Status Reasons: _____

PRINT Name Shift Supervisor's Signature and Date
(For Community Correctional Centers, Chief Adm. Off.)

☒ MAJOR, submitted to Adjustment Committee ☐ MINOR, submitted to Program Unit

K. Flemmings PRINT Name Capt K. Flemmings 3-31-96

PRINT Name Reviewing Officer's Signature and Date

☒ Reviewed by Hearing Investigator: K. Mauer WWP 4-2-96
(Adult Division Major Reports Only) PRINT Name Signature and Date

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or segregation, and/or deprived of your current grade and statutory good time or good conduct credit, and/or transferred and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

Committed Person's Signature and Number R. Smith #148 B. Smith 4/1/98 8¹⁰ ^{am}/_{pm}
PRINT Serving Employee's Name B. Smith Serving Employee's Signature Date and Time Served

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE)

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offense Date: _____ Committed Person's Signature and Number _____
(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE OR PROGRAM UNIT PRIOR TO THE HEARING)

I would like the Adjustment Committee or Program Unit to consider calling the following witnesses:

NAME OF WITNESS: _____ Number/Cell/Title: _____
Witness can testify to: _____

NAME OF WITNESS: _____ Number/Cell/Title: _____
Witness can testify to: _____

Offense Date: _____ Committed Person's Signature and Number _____

DC 7205 (Rev. 06/88). Distribution: 1) Master File; 2) Committed Person; 3) Facility; 4) Facility
IL 626-2061

State of Illinois -- Department of Corrections
ADULT DIVISION
PROGRAM UNIT SUMMARY
Page 1 of 1
Committed Person: Reed No. B28789 Race: B
OFFENSE Date: 2-9-96 Time: 4:20 ^{am} Location: Detary Facility: SWICC
Facility where Hearing Held: SWICC Hearing Date: 2-14-96 Time: 8:38 ^{pm}

NAMES OF WITNESSES CALLED, if any: none
(Include witnesses' statements.)

RECORD OF PROCEEDINGS: IDR Read IM Plead to 305 & 308 & 304
GUILTY no comment

DISPOSITION AND BASIS FOR DECISION: ☐ Refer to Adjustment Committee.

Based upon available evidence, the Unit finds the committed person:

☐ NOT GUILTY. ☒ GUILTY of the offense(s) charged. (Explain below.)

☐ GUILTY of _____ (Offense(s)) (explain below), but

NOT GUILTY of _____ (Offense(s)).

DECISION: BASED upon IM's admission of GUILT
AND G's written report

DISCIPLINARY ACTION:

☒ Demotion to B Grade for 1 mo. ☒ Restitution: \$ _____ to _____

☐ Loss of Privileges: _____ ☒ Other (specify): _____

RESTITUTION FOR 15 pcs CHEESE

SGT CROCONSKI
PRINT Hearing Officer's Name

☒ Approved ☐ Not Approved: ☐ reduce ☒ remand ☐ or other: check business office for


2/16/96
Date

Edward A Green
Signature
Race: CU
CHIEF ADMINISTRATIVE OFFICER

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

SG
Employee Serving Copy to Committed Person

2-20-96 9:00a
When Served -- Date and Time

HUT 

State of Illinois -- Department of Corrections
DISCIPLINARY REPORT

Page 1 of 1

☒ Disciplinary Report FEB 9, 1996 Date ☐ Confinement Pending Issuance of Disciplinary Report _____ Date _____

☐ Investigative Report _____ Date _____

Committed Person: REED No. B28789 Facility: SOUTHWESTERN C.C.

Observation Date: 2-9-96 Time: APPR 4 20 Location: DIETARY

R. Smith PRINT Employee's Name R. Smith Employee's Signature/Time/Shift 4:30 3-11

Offense: 305 THEFT 308 UNAUTHORIZED PROPERTY 304 INSOLENCE

Observation: ON THE ABOVE DATE AND APPX TIME THIS OFFICER WAS SHARING DOWN INMATE REED B28789 WHICH IS ON HOUSE ARREST. THIS OFFICER FOUND APPX 15 SLICES OF CHEESE IN INMATE REED'S POSSESSION. (308) THE CHEESE INMATE REED HAD WAS STOLEN FROM THE DIETARY (305). INMATE REED TOLD THIS OFFICER THAT HE IS ON SOME PUSSY ASS BULLSHIT AROUND HERE (304) THIS OFFICER IDENTIFIED INMATE REED B28789 BY HIS ID CARD.
- END OF REPORT -

Witnesses, if any: SGT BLANKENSHIP #49

NOTE: Use additional pages if necessary to describe observation and/or list witnesses.

☐ Temporary Confinement ☐ Investigative Status Reasons: _____

PRINT Name Shift Supervisor's Signature and Date
(For Community Correctional Centers, Chief Adm. Off.)

☐ MAJOR, submitted to Adjustment Committee ☒ MINOR, submitted to Program Unit

Captain Andrew Walter PRINT Name Captain Andrew Walter Reviewing Officer's Signature and Date 2/9/96

☐ Reviewed by Hearing Investigator: (Adult Division Major Reports Only) PRINT Name _____ Signature and Date _____

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or segregation, and/or deprived of your current grade and statutory good time or good conduct credit, and/or transferred and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

Lynn Reed B28789 Committed Person's Signature and Number

R. Caliper PRINT Serving Employee's Name R. Caliper Serving Employee's Signature 2-10-96 APP 12⁰⁴ Date and Time Served am

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE)

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offense Date: _____ Committed Person's Signature and Number _____

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE OR PROGRAM UNIT PRIOR TO THE HEARING)

I would like the Adjustment Committee or Program Unit to consider calling the following witnesses:

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

Offense Date: _____ Committed Person's Signature and Number _____

SWICC CORRECTIONAL CENTER

AUTHORIZATION FOR DISBURSEMENT OF FUNDS

On 2-14-96, Reed B28789
Month/Day/Year Inmate Name Number

was found guilty of violating Administrative Regulation 504 305

Theft pursuant to a hearing before the
Specify

Adjustment Committee. The Adjustment Committee has determined that the amount of

\$ 1.41 should be paid to B SWICC

as restitution as a result of expenses or loss caused by this violation. I hereby agree to

authorize the Illinois Department of Corrections to withdraw from my Trust Fund Account:

(Select one)

1. A down payment of \$ _____ with monthly payments of \$ _____ until the amount due is paid.
2. Monthly payments of \$ _____ until the amount due is paid.
- ☒ 3. One lump sum payment of total amount due.

All payments are to be deducted from my Trust Fund Account commencing immediately and will

be due once monthly until such time as the full restitution to SWICC

has been made. I have read and understand the foregoing and agree to the terms of this authorization.

X [Signature]
Inmate Signature
B28789
Inmate Number
2-14-96
Date

[Signature]
Witness
90
Title
2-24-96
Date

Witness

Title

Date

Educational Goal Statement for Earned Good Conduct Credit

Inmate: REED, LENN IDOC #: B-28789 Instructor: G. Gregory
Last Name First Name
Institution: SOUTHWESTERN ILL. C.C. Race: BLACK DOB: 5-11-77 Age: 18

Students are eligible for Educational Good Conduct Credit in accordance with Dept. Rule 107F.

Program: ☐ BE ☒ GED ☐ Non-Credit Voc. ☐ College Voc ☐ 2 Yr. Degree ☐ 4 Yr. Degree

Goal Period: ☒ 45 Instructional Days Attended ☐ Other (Specify) _____

Program Enrollment Date 1.1.14.95 Program Completion Date _____

(Required for BE, GED, Non-Credit Voc. and College Voc.)

(Required for BE, CWT and GED)

Date Tested: 7-3-95 TABE Level: D

Date Tested: _____ TABE Level: _____

Voc/Comp. Avg: 8.5

Voc/Comp Avg: _____

Math Avg: 8.8

Math Avg: _____

TOTAL AVG: 8.7

TOTAL AVG: _____

Goal Statements for all Programs:

Student agrees to the following goal statements in order to receive the additional 50 Earned Good Conduct Credit for educational, work training or vocational program participation. Student understands that the achievement of additional program goals shall be required and that the failure to achieve these goals shall result in the Educational Good Conduct Credit not being awarded. Student also understands that removal from the educational, work training or vocational program for disciplinary reasons, exceeding the 15-day absence policy or the college absence policy for academic classes or voluntarily transferring to another institution will result in immediate termination from the educational or vocational program with no Earned Good Conduct Credit awarded. Early termination from the program for other reasons may result in no award of Earned Good Conduct Credit in accordance with Department Rule 107F. Student understands that the achievement goals may be revised during the goal period.

- A. Student will maintain appropriate classroom behavior and complete classroom assignments to the best of his/her abilities
- B. Student will arrive at his/her scheduled classes in a timely manner.
- C. Student will not exceed the following absence policy during the goal period: ☒ 15 days

Goal Statement for BE/GED Based on TABE Scores: (Check goals that apply)

☒ Student will maintain appropriate behavior, complete all assignments, arrive at the scheduled class in a timely manner, and not exceed the absence requirements of the program. (required).

☐ Student will meet the following performance goals: (Specify):

Inmate will increase achievement level by:

- ☐ .5 grade level during the 45 instructional day period.
- ☐ 1.0 grade level during the 45 instructional day period.
- ☐ _____ grade levels during the 45 instructional day period.
- ☐ passing the GED exam during the 45 instructional day period.

Date GED Test Results Received: _____ ☐ Pass ☐ Fail

Goal Statements for Non-Credit Vocational Program:

Program: _____

Inmate will successfully complete _____

number of skills as specified on the vocational curriculum checklist.

Other goal statements to be included: _____

State of Illinois - Department of Corrections
ADULT DIVISION
ADJUSTMENT COMMITTEE SUMMARY

Page 1 of 1

Committed Person: Reed, B. No. B28789 Race: BLK
Offense Date: 2-15-96 Time: 5:15 am Location: 1st Bldg Facility: SUICIDE
Facility where Hearing Held: SUICIDE
Hearing Date: 2-14-96 Time: 11:03 am

COMMITTED PERSON REQUESTED WITNESSES: Yes ☒ No ☐ state names: _____
(Include witnesses' statements.)
No ☐ state reasons and explain below.

Request for witness was not timely. ☐
Testimony would be cumulative. ☐
Testimony would be irrelevant. ☐
Calling witnesses would undermine authority or jeopardize security. ☐
Other (Specify) ☒ none requested

RECORD OF PROCEEDINGS: ID# read and I/H not guilty to charges 107 and 401 with no explanation

DISPOSITION AND BASIS FOR DECISION: Based upon available evidence, the Committee finds the committed person:

☒ GUILTY OF _____ 107, 401
☐ NOT GUILTY. ☐ GUILTY OF the offense(s) charged. (State reasons below.)
☐ NOT GUILTY OF _____ (Offense(s)) (state reasons below), but _____ (Offense(s)).

REASONS: INMATES' ABUSION OF GUILT AND REPORTING OFFICERS' MISTAKENLY REPORTING SEXUAL MISCONDUCT WITH HER HANDS DOWN INMATE REARS PARTS AND THE VISIT WAS TERMINATED. THIS COMMITTEE FINDS 7/14 REED GUILTY AS CHARGED.

DISCIPLINARY ACTION:

☐ Revoke Statutory Good Time or Good Conduct Credits: _____
☐ Demotion to _____ Grade for _____ 30 days
☒ Other (specify): Revoke 6 months of visiting privileges - 6 months

CHAIRMAN: _____
MEMBER: _____
MEMBER: _____
PRINT Name: _____
Signature: _____
Race: _____

CHIEF ADMINISTRATIVE OFFICER: _____
Date: 2-15-96
The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504, Subpart F.
Employee Serving Copy to Committed Person: _____
When Served -- Date and Time: 2-15-96 9:00

DC 7113 (Rev. 06/88) IL 426-0313
Distribution: 1) Master File; 2) Committed Person; 3) Facility; 4) Facility

ID #6435

State of Illinois -- Department of Corrections
DISCIPLINARY REPORT

Page 161 of 1

☒ Disciplinary Report 7 Feb 96 ☐ Confinement Pending Issuance of Disciplinary Report _____ Date _____

☐ Investigative Report _____ Date _____

Committed Person: Reed, Len No. B28789 Facility: SWICC
 Observation Date: 7 Feb 96 Time: apr. 5:15 ^{am} Location: visiting room
K. Griffin #208 K. Griffin apr 5:15pm 3-11pm
 PRINT Employee's Name Employee's Signature/Time/Shift
 Offense: 504 B 107 sexual misconduct 401 abuse of privileges

Observation: On the above date and approximate time this officer observed visitor Leaches Hinton with her hand down the pants of inmate Reed B28789 this is a violation of 107 sexual misconduct and 401 abuse of privileges

Witnesses, if any: _____

NOTE: Use additional pages if necessary to describe observation and/or list witnesses.

☒ Temporary Confinement ☐ Investigative Status Reasons: Nature of Offense

Capt Rose Capt Rose
 PRINT Name Shift Supervisor's Signature and Date
 (For Community Correctional Centers, Chief Adm. Off.)

☒ MAJOR, submitted to Adjustment Committee ☐ MINOR, submitted to Program Unit
Capt Smith Capt Smith 2-7-96
 PRINT Name Reviewing Officer's Signature and Date

☒ Reviewed by Hearing Investigator: Lm Hudson Lm Hudson 2-8-96
 (Adult Division Major Reports Only) PRINT Name Signature and Date

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

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PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or segregation, and/or deprived of your current grade and statutory good time or good conduct credit, and/or transferred and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

Committed Person's Signature and Number _____ Committed Person Refused to Sign ☒
A Schipke A Schipke 2/8/96 2:00 ^{am}
 PRINT Serving Employee's Name Serving Employee's Signature Date and Time Served
 (DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE)

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offense Date: _____ Committed Person's Signature and Number _____
 (DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE OR PROGRAM UNIT PRIOR TO THE HEARING)

I would like the Adjustment Committee or Program Unit to consider calling the following witnesses:

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

Offense Date: _____ Committed Person's Signature and Number _____

DC 7205 (Rev. 06/88) Distribution: 1) Master File; 2) Committed Person; 3) Facility; 4) Facility
 IL 426-0361

ID #6436

STATE OF ILLINOIS — DEPARTMENT OF CORRECTIONS

ADULT AND JUVENILE DIVISIONS
INCIDENT REPORTInstitution/Program: SWICCDate and Time of Incident: 7 Feb 96 apx 5:15P

If the answer is yes to any of the following questions, explain in narrative below:

- A. Was a Weapon Involved: YES ☐ NO ☒ B. Were Restraints/Force Used: YES ☐ NO ☒ C. Was Property Damaged: YES ☐ NO ☒
 D. Have Apprehension Unit and/or Law Enforcement Agencies Been Notified: YES ☐ NO ☒ E. Were Arrests Made: YES ☐ NO ☒
 F. Any Injuries/Hospitalizations: YES ☐ NO ☒ G. Were there Media Inquiries: YES ☐ NO ☒

Inmates/Staff Involved:

Name	I.D.#	Offense	Commitment Date
Reed	B28789	107	
		401	

Witnesses to Incident:

Name	I.D.#

Statement of Facts: (NARRATIVE)

On the above date and approximate time this officer observed visitor Peaches Hinton with her hand down the pants of inmate Reed B28789 this is in violation of 401 abuse of privileges and 107 sexual misconduct. Capt. Rose was called to the visiting room and the visit was terminated per the duty warden. End of statement.

Peaches Hinton
 813 E 7th St
 Alton IL 62002

A/u KARENTER NOTIFIED

VISIT TERMINATED PER D/u

IDR Completed. Inmate Placed

ON HOUSE ARREST.

²⁰⁸
 K. Griffin
 Reporting Employee

apx 5:20 P
 7 Feb 96
 Date/Time

Person Calling in Report

Capt Rose

Person Accepting Report

APR
 2-7-96 10:20
 Date/Time

Administrative Assessment:

Chief Administrative Officer

Date/Time

Distribution: Director

Deputy Director of Appropriate Division

Deputy Director of Bureau of Inspections and Audits

Legal Services (only if restraints/force used)

File

DC 434 (4/83)
 IL 426-0410

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000156

HOUSE ARREST
SOUTHWESTERN ILLINOIS CORRECTIONAL CENTER
CONFINEMENT/RELEASE NOTICE

Name REED Number 28789 From Housing Unit Number 2F16
To Seg Cell Number _____ was placed in the following Segregation Unit classification on
2-7-96 at 7:00 PM (Time) House
(Date) X Temporary Confinement
Investigative Status

The inmate was placed in the Segregation Unit for the following reasons: (Please explain in detail the surrounding circumstances and staff member ordering confinement.)

107-SEXUAL MISCONDUCT 401 ABUSE OF PRIVILEGES
Person Ordering Confinement CAPT LOSE

Inmate Escorted by SGT CIBOLOWSKI

L. Baird 12-7-96
Segregation Lieutenant Date

ADJUSTMENT COMMITTEE/ADMINISTRATIVE ACTION

☒ Inmate placed in Segregation Status 7 Feb to 15 Feb (Date)
Most Serious Violation 107

☐ Inmate released from Temporary Confinement with no discipline on _____ by _____ (Date)

☐ Inmate released from Investigative Status with no discipline on _____ by _____ (Date)

DOUBLE CELLING INFORMATION

AGE _____ HEIGHT _____
WEIGHT _____ ENEMIES _____

Segregation Lieutenant Date

cc: Assistant Warden - Operations
Assistant Warden - Programs
Major
Adjustment Committee
Clinical Services Supervisor (2)

Internal Affairs
Segregation Supervisor
Segregation Unit
Assignment/Placement Office
OTS Coordinator

DCA Applied for
IDOC SUBPOENA RESPONSE

PLAINTIFFS 000157



ILLINOIS
DEPARTMENT
OF
CORRECTIONS

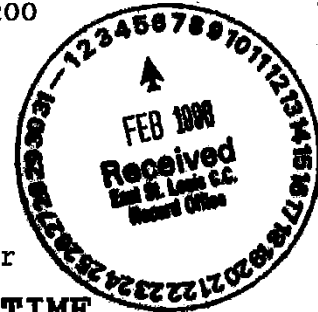
Jim Edgar
Governor

Odie Washington
Director

~~XXXXXXXXXXXXXXXXXXXX~~ 950 Kingshighway / P.O. Box 50 / East St. Louis, IL 62203-9998
Southwestern Illinois Correctional Center Telephone: (618) 394-2200

M E M O R A N D U M

DATE: January 29, 1996
TO: Odie Washington, Director
Attention: Transfer Coordinator
FROM: Southwestern Illinois Correctional Center
SUBJECT: **SUPPLEMENTAL MERITORIOUS GOOD TIME**



Name: Lenn D. Reed IDOC Number: B28789
Offense(s): Agg. Discharge Firearm Sentence: 4 Years
Projected Release Date: 12-6-96 Work Release Violation Date: N/A
Date Received at Institution: 10-18-95 Parole Violator: Yes ☒ No Outstanding Time Revoked: N/A
Date Received IDOC: 6-22-95 Inmate's Present Location: Southwestern Illinois Correctional Center
PRIOR MGT AWARDED PRIOR MGT AWARDED PRIOR SMGT AWARDED
Date: 0 Amount: 90 Date: _____ Amount: _____ Date: _____ Amount: _____
Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____
Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____

THE FOLLOWING CRIMES ARE EXCEPTIONS TO ANY CONSIDERATION FOR AN AWARD OF SUPPLEMENTAL MERITORIOUS GOOD TIME.

1. First Degree Murder 2. Reckless Homicide While Under the Influence of Alcohol or Any Other Drug 3. Aggravated Kidnapping 4. Kidnapping 5. Aggravated Criminal Sexual Assault 6. Rape 7. Criminal Sexual Assault 8. Deviate Sexual Assault 9. Aggravated Criminal Sexual Abuse 10. Aggravated Indecent Liberties With a Child 11. Indecent Liberties With a Child 12. Child Pornography 13. Heinous Battery 14. Aggravated Battery of a Spouse 15. Aggravated Battery of a Spouse with a Firearm 16. Aggravated Battery 17. Endangering the Life or Health of a Child 18. Cruelty to a Child 19. Narcotics Racketeering 20. Stalking 21. Aggravated Stalking

In accordance with D.R. 107, I recommend that 90 days of Meritorious Good Time be awarded to the above named committed person for the reasons stated below.

Months considered: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Days: _____ Comments: _____
45 Program Completion Substance Abuse Program Submitted simultaneously with MGT.
45 Job Performance GED Student
Behavior Record _____
Other _____

Submitted by: [Signature] Date: 1/29/96

Chief Administrative Officer: [Signature] Date: 1-30-96

In accordance with Illinois Compiled Statutes, 730 ILCS 5/3-6-3, paragraph 1003-6-3, I have determined to award _____ days of Supplemental Meritorious Good Time.

Odie Washington, Director

Date

IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

THE PEOPLE OF THE STATE OF ILLINOIS

vs.

LENN D. REED
B/M DOB: 5/11/77
33 Sullivan Drive
Alton, IL

FILED

JAN 12 1995

Defendant
CLERK OF CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

No. 94-CF-2245
COUNT I - CLASS 1
COUNT II - CLASS 4

INDICTMENT

On this 12th day of January, 1995, the Grand Jury, chosen, and sworn for the County of Madison, in the name and by the authority of the People of the State of Illinois, charges that:

LENN D. REED

on the 26th day of December, 1994, at and in the County of Madison, in the State of Illinois, committed the offense of:

COUNT I - AGGRAVATED DISCHARGE OF A FIREARM -- in that said defendant knowingly discharged a firearm in the direction of another person or in the direction of a vehicle, being a 1978 Chevrolet Van, which said defendant knew to be occupied, in violation of 720 ILCS 5/24-1.2(a)(1), and against the peace and dignity of the People of the State of Illinois.

COUNT II - MOB ACTION -- in that said defendant knowingly and by use of force and violence disturbed the peace, in that he, while acting together with Michael R. Rippley and Richard E. Pittman and without authority of law discharged a firearm, thereby inflicting injury upon Mariesha A. Samuels,

in violation of 720 ILCS 5/5/25-1(a)(1), and against the peace and dignity of the People of the State of Illinois.

A TRUE BILL

Glenn Begueth Jr.
Foreperson of the Grand Jury

The within indictment returned in open court this 12th of January, 1995.

Bail set at \$ *100,000.00*. Warrant of Arrest ordered to issue.

Charles R. [Signature]
Judge of the Circuit Court

WITNESSES: Detectives Bill Taul & Jerry Cooley, Alton Police Dept.

**ILLINOIS
DEPARTMENT
OF
CORRECTIONS****Jim Edgar**
Governor**Odie Washington**
DirectorSouthwestern Illinois Correctional Center / Caller Service 50, 950 Kingshighway / East St. Louis, IL 62203-0050
Telephone: (618) 394-2200 TDD: (800) 526-0844**MEMORANDUM**

DATE: January 29, 1996

TO: Odie Washington, Director
Attention: Transfer Coordinator

FROM: Southwestern Illinois Correctional Center

SUBJECT: **MERITORIOUS GOOD TIME**

Name: Lenn D. Reed IDOC Number: B28789

Offense(s): Agg. Discharge Firearm Sentence: 4 years

Projected Release Date: 12-6-96 Work Release Violation Date: N/A

Date Received at Institution: 10-18-95 Parole Violator: Yes X No Outstanding Time Revoked: N/A

Date Received IDOC: 6-22-95 Inmate's Present Location: Southwestern Illinois Correctional Center

Prior MGT Awarded		Prior MGT Awarded	
Date: <u>0</u>	Amount: <u>0</u>	Date: _____	Amount: _____
Date: _____	Amount: _____	Date: _____	Amount: _____
Date: _____	Amount: _____	Date: _____	Amount: _____

In Accordance with D.R. 107, I recommend that 90 days of Meritorious Good Time be awarded to the above named committed person for the reasons stated below.

Months Considered: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Days:

45 Program Completion Substance Abuse Program

45 Job Performance GED Student

Behavior Record _____

Other _____

Comments:

Submitted simultaneously with SMGT.

Submitted by:

Date

Mary Johnson COJ 1/29/96

Chief Administrative Officer

Date

Edward A. [Signature] 1-30-96

In accordance with Illinois Revised Statutes, Chapter 38, paragraph 1003-6-3, I have determined to award _____ days of Meritorious Good Time.

Odie Washington, Director

Date

**ILLINOIS
DEPARTMENT
OF
CORRECTIONS**

Jim Edgar
Governor

Odie Washington
Director

Southwestern Illinois Correctional Center / 950 Kingshighway / P.O. Box 50 / East St. Louis, IL 62203-9998
Telephone: (618) 394-2200

M E M O R A N D U M

DATE: January 29, 1996
TO: Odie Washington, Director
Attention: Transfer Coordinator
FROM: Southwestern Illinois Correctional Center
SUBJECT: **SUPPLEMENTAL MERITORIOUS GOOD TIME**

Name: Lorn D. Reed **IDOC Number:** B28789
Offense(s): Agg. Discharge Firearm **Sentence:** 4 Years
Projected Release Date: 12-6-96 **Work Release Violation Date:** N/A
Date Received at Institution: 10-18-95 **Parole Violator:** Yes ☒ No **Outstanding Time Revoked:** N/A
Date Received IDOC: 6-22-95 **Inmate's Present Location:** Southwestern Illinois Correctional Center
PRIOR MGT AWARDED **PRIOR MGT AWARDED** **PRIOR SMGT AWARDED**
Date: 0 **Amount:** 0 **Date:** **Amount:** **Date:** **Amount:**
Date: **Amount:** **Date:** **Amount:** **Date:** **Amount:**
Date: **Amount:** **Date:** **Amount:** **Date:** **Amount:**

THE FOLLOWING CRIMES ARE EXCEPTIONS TO ANY CONSIDERATION FOR AN AWARD OF SUPPLEMENTAL MERITORIOUS GOOD TIME.

1. First Degree Murder 2. Reckless Homicide While Under the Influence of Alcohol or Any Other Drug 3. Aggravated Kidnapping 4. Kidnapping 5. Aggravated Criminal Sexual Assault 6. Rape 7. Criminal Sexual Assault 8. Deviate Sexual Assault 9. Aggravated Criminal Sexual Abuse 10. Aggravated Indecent Liberties With a Child 11. Indecent Liberties With a Child 12. Child Pornography 13. Heinous Battery 14. Aggravated Battery of a Spouse 15. Aggravated Battery of a Spouse with a Firearm 16. Aggravated Battery 17. Endangering the Life or Health of a Child 18. Cruelty to a Child 19. Narcotics Racketeering 20. Stalking 21. Aggravated Stalking

In accordance with B.R. 107, I recommend that 90 days of Meritorious Good Time be awarded to the above named committed person for the reasons stated below.

Months considered: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Days: 45 **Program Completion** Substance Abuse Program **Comments:** Submitted simultaneously with MGT.
45 **Job Performance** GED Student
Behavior Record
Other

Submitted by: [Signature] Date: 1/29/96

Chief Administrative Officer [Signature] Date: 1-30-96

In accordance with Illinois Compiled Statutes, 730 ILCS 5/3-6-3, paragraph 1003-6-3, I have determined to award _____ days of Supplemental Meritorious Good Time.

Odie Washington, Director

Date

IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

THE PEOPLE OF THE STATE OF ILLINOIS

vs.

LENN D. REED
B/M DOB: 5/11/77
33 Sullivan Drive
Alton, IL

FILED

JAN 12 1995

Defendant
CLERK OF CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

No. 94-CF-2245
COUNT I - CLASS 1
COUNT II - CLASS 4

INDICTMENT

On this 12th day of January, 1995, the Grand Jury, chosen, and sworn for the County of Madison, in the name and by the authority of the People of the State of Illinois, charges that:

LENN D. REED

on the 26th day of December, 1994, at and in the County of Madison, in the State of Illinois, committed the offense of:

COUNT I - AGGRAVATED DISCHARGE OF A FIREARM -- in that said defendant knowingly discharged a firearm in the direction of another person or in the direction of a vehicle, being a 1978 Chevrolet Van, which said defendant knew to be occupied, in violation of 720 ILCS 5/24-1.2(a)(1), and against the peace and dignity of the People of the State of Illinois.

COUNT II - MOB ACTION -- in that said defendant knowingly and by use of force and violence disturbed the peace, in that he, while acting together with Michael R. Rippley and Richard E. Pitman and without authority of law discharged a firearm, thereby inflicting injury upon Mariesha A. Samuels,

in violation of 720 ILCS 5/5/25-1(a)(1), and against the peace and dignity of the People of the State of Illinois.

A TRUE BILL

Glen Begnoth Jr.
Foreperson of the Grand Jury

The within indictment returned in open court this 12th of January, 1995.

Bail set at \$ 100,000.00 Warrant of Arrest ordered to issue.

Charles R. [Signature]
Judge of the Circuit Court

WITNESSES: Detectives Bill Taul & Jerry Cooley, Alton Police Dept.

ID #6443

State of Illinois -- Department of Corrections
**ADULT DIVISION
PROGRAM UNIT SUMMARY**

Page 1 of 1

Committed Person: Reed No. B28789 Race: B

OFFENSE Date: 1-19-96 Time: 11:22 ^{am} Location: Hu2 F16 Facility: SWICE

Facility where Hearing Held: SWICE Hearing Date: 1-25-96 Time: 3:20 ^{am}

NAMES OF WITNESSES CALLED, if any: none called
(Include witnesses' statements.)

RECORD OF PROCEEDINGS: IDR read inmate pleads to charge
404 not guilty he wasn't smoking then he
changed his plea to guilty.

DISPOSITION AND BASIS FOR DECISION: ☐ Refer to Adjustment Committee.

Based upon available evidence, the Unit finds the committed person:

☐ NOT GUILTY. ☒ GUILTY of the offense(s) charged. (Explain below.)

☐ GUILTY of _____ (Offense(s)) (explain below), but

NOT GUILTY of _____ (Offense(s)).

DECISION: Based on inmate's own admission of guilt
& CoE written report

DISCIPLINARY ACTION:

☐ Demotion to B Grade for _____ ☐ Restitution: \$ _____ to _____

☐ Loss of Privileges: _____ ☒ Other (specify): UR

Pamfolk PRINT Hearing Officer's Name Pamfolk W Signature Race

☒ Approved ☐ Not Approved: ☐ reduce ☐ remand ☐ or other.

1-26-96 Date Edward A. Green Jr. M.M. CHIEF ADMINISTRATIVE OFFICER

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Pamfolk Employee Serving Copy to Committed Person 1-26-96 5:00 PM When Served -- Date and Time

DC 7208 (Enl. 08/85)
IL 426-11610

Distribution: 1) Master File; 2) Committed Person; 3) Facility; 4) Facility

IDOC SUBPOENA RESPONSE

PLAINTIFFS 000163

ID #6444

State of Illinois - Department of Corrections
DISCIPLINARY REPORT

Page 1 of 1

☒ Disciplinary Report 1-19-96 ☐ Confinement Pending Issuance of Disciplinary Report _____
Date Date

☐ Investigative Report _____
Date

Committed Person: Reed No. B28789 Facility: Southwestern C.C.
Observation Date: 1-19-96 Time: 11:50pm Location: HU 2 F DORM 16
Clo J Mitchell J Mitchell 2 35 11-7
PRINT Employee's Name Employee's Signature/Time/Shift

Offense: 504 A 404 Violation of rules Page 15 Rule 8

Observation: On the above date and approximate time while doing security checks on HU 2 wing this C/O observed inmate Reed (B28789) smoking in F DORM. Inmate Reed was verified by his I.D. card and bed chart. — End Report

Witnesses, if any: _____

NOTE: Use additional pages if necessary to describe observation and/or list witnesses.

☐ Temporary Confinement ☐ Investigative Status Reasons: _____

PRINT Name Shift Supervisor's Signature and Date
(For Community Correctional Centers, Chief Adm. Off.)

☐ MAJOR, submitted to Adjustment Committee ☒ MINOR, submitted to Program Unit
D. Cameron C. Cameron 1/20/96
PRINT Name Reviewing Officer's Signature and Date

☐ Reviewed by Hearing Investigator: _____
(Adult Division Major Reports Only) PRINT Name Signature and Date

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or segregation, and/or deprived of your current grade and statutory good time or good conduct credit, and/or transferred and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

Refused Copy

Committed Person's Signature and Number _____ Committed Person Refused to Sign ☒

T. Berroun 248 1-20-96 AP 8 30
PRINT Serving Employee's Name Serving Employee's Signature Date and Time Served
(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE)

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offense Date: _____ Committed Person's Signature and Number _____
(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE OR PROGRAM UNIT PRIOR TO THE HEARING)

I would like the Adjustment Committee or Program Unit to consider calling the following witnesses:

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

Offense Date: _____ Committed Person's Signature and Number _____

ID #6445

State of Illinois -- Department of Corrections
ADULT DIVISION
PROGRAM UNIT SUMMARY

Committed Person: REED No. B28789 Race: B
 OFFENSE Date: 12-30-95 Time: APPROX 1202 pm Location: HU2 C DORM Facility: SWICC
 Facility where Hearing Held: SWICC Hearing Date: 1-2-96 Time: 955 am pm

NAMES OF WITNESSES CALLED, if any:

(Include witnesses' statements.)

RECORD OF PROCEEDINGS: RDR READ I/M PLEADS TO CHARGE 404
Not Guilty. Inmate stated he was sitting in
chair in dorm because he did not want to move
around during count

DISPOSITION AND BASIS FOR DECISION: ☐ Refer to Adjustment Committee.

Based upon available evidence, the Unit finds the committed person:

☐ NOT GUILTY. ☒ GUILTY of the offense(s) charged. (Explain below.)☐ GUILTY of _____ (Offense(s)) (explain below), but

NOT GUILTY of _____ (Offense(s)).

DECISION:

Based on written report and Inmate admitting he
was in chair in the dorm.

DISCIPLINARY ACTION:

☐ Demotion to B Grade for _____ ☐ Restitution: \$ _____ to _____☐ Loss of Privileges: _____ ☒ Other (specify): VR

Sgt. Wuest Sgt. Wuest W
 PRINT Hearing Officer's Name Signature Race
☒ Approved ☐ Not Approved: ☐ reduce ☐ remand ☐ or other: _____

1/2/96 Edward A Green
 Date CHIEF ADMINISTRATIVE OFFICER

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

c/o Larry 1/2/96 9:10 PM
 Employee Serving Copy to Committed Person When Served -- Date and Time

DC 7208 (Eff. 06/88) Distribution: 1) Master File; 2) Committed Person; 3) Facility; 4) Facility
IL 426-11610

ID #6446

A02 C-6
Page 1 of 1State of Illinois Department of Corrections
DISCIPLINARY REPORT☐ Disciplinary Report 12-30-95 ☐ Confinement Pending Issuance of Disciplinary Report _____ Date _____ Date _____☐ Investigative Report _____ Date _____Committed Person: Reed No. B28789 Facility SOUTHWESTERNObservation Date: 12-6-95 Time: 1202 am Location: C DORMPRINT Employee's Name 90 Owens Employee's Signature/Time/Shift C/O Owens 11-7Offense: 504 B 404 Violation of RulesObservation: On the above date and approx. timethis officer was conducting count when this
officer discovered inmate Reed sitting in
a day room chair. A clear violation of the Rules
Is Ded. By I.D.

Witnesses, if any: _____

NOTE: Use additional pages if necessary to describe observation and/or list witnesses.

☐ Temporary Confinement ☐ Investigative Status Reasons: _____

PRINT Name

Shift Supervisor's Signature and Date
(For Community Correctional Centers, Chief Adm. Off.)☐ MAJOR, submitted to Adjustment Committee ☒ MINOR, submitted to Program Unit

PRINT Name

Reviewing Officer's Signature and Date

☐ Reviewed by Hearing Investigator:
(Adult Division Major Reports Only) PRINT Name _____ Signature and Date _____

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or segregation, and/or deprived of your current grade and statutory good time or good conduct credit, and/or transferred and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

Committed Person's Signature and Number

Committed Person Refused to Sign ☒PRINT Serving Employee's Name L.M. 0106 Serving Employee's Signature J.M. 002 Date and Time Served 12-30-95 10:30 am

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE)

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offense Date: _____ Committed Person's Signature and Number _____

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE OR PROGRAM UNIT PRIOR TO THE HEARING)

I would like the Adjustment Committee or Program Unit to consider calling the following witnesses:

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

Offense Date: _____ Committed Person's Signature and Number _____

DC 7205 (Rev. 06/88) Distribution: 1) Master File; 2) Committed Person; 3) Facility; 4) Facility
IL 426-0361

ID #6447

State of Illinois - Department of Corrections
ADULT DIVISION
ADJUSTMENT COMMITTEE SUMMARY

Page 1 of 1

Committed Person: Reed No. B28789 Race: B
Offense Date: 12/25/95 Time: @ 9:00 am Location: Inmate Shackles Facility: SWLCC
Facility where Hearing Held: SWLCC Hearing Date: 12/29 Time: 9:00 am

COMMITTED PERSON REQUESTED WITNESSES: No ☒ Yes ☐ state names: _____

WITNESSES CALLED: Yes ☐ state names: _____
(Include witnesses' statements.)
No ☐ state reasons and explain below.

- ☐ Request for witness was not timely. _____
☐ Testimony would be cumulative. _____
☐ Testimony would be irrelevant. _____
☐ Calling witnesses would undermine authority or jeopardize security. _____
☐ Other (Specify) _____

RECORD OF PROCEEDINGS: FOR Reed IM plead to Chgs 205, 404
Affiliated with the G.D. organization. IM said that it wasn't
a gang sign in the picture and why would someone take
a picture if he was throwing gang signs. Pleads
not guilty

DISPOSITION AND BASIS FOR DECISION: Based upon available evidence, the Committee finds the committed person:

- ☐ NOT GUILTY. ☒ GUILTY of the offense(s) charged. (State reasons below.)
☐ GUILTY OF _____ (Offense(s)) (state reasons below), but
☐ NOT GUILTY of _____ (Offense(s)).

REASONS: Based on reporting officers written report that IM
was displaying gang signs with photo as physical
evidence and inmates admission to being affiliated
with being a member of the G.D organization

DISCIPLINARY ACTION:

- ☐ Revoke Statutory Good Time or Good Conduct Credits: _____ ☐ Segregation: _____
☐ Demotion to _____ Grade for _____ ☐ Restitution: \$ _____ to _____
☒ Other (specify): 2 wks yard and 97m denial. 5 Jan - 18 Jan 96

CHAIRMAN: Jill Rudell PRINT Name: Jill Rudell Signature: Jill Rudell Race: W

MEMBER: HENRY COLEMAN PRINT Name: Henry Coleman Signature: Henry Coleman Race: B

MEMBER: _____ PRINT Name: _____ Signature: _____ Race: _____

☒ Approved ☐ Not Approved: ☐ reduce ☐ remand ☐ or other: _____

12/29/95 Date: _____
CHIEF ADMINISTRATIVE OFFICER: Edward A. Acamp

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

J.M. [Signature] Employee Serving Copy to Committed Person 12-29-95 1:00 pm
When Served -- Date and Time

ID #6448

H.U.2 C-6
Page 1 of 2State of Illinois -- Department of Corrections
DISCIPLINARY REPORT☒ Disciplinary Report 12-25-95 ☐ Confinement Pending Issuance of Disciplinary Report
Date Date☐ Investigative Report
DateCommitted Person: REED No. B28789 Facility: SWCCObservation Date: 12-25-95 Time: APPROX 8:00 PM Location: INMATE SHAKE DOWN ROOMBy: 40 T. PIATZ 96 7961
PRINT Employee's Name Employee's Signature/Time/ShiftOffense: 504 A 20.5 GANG OR UNAUTHORIZED ORGANIZATIONAL ACTIVITY
B 40.4 VIOLATION OF RULES PAGE 19 #54 INMATE HANDBOOK
C

Observation:

ON the above date + time this officer observed
APRILURE with INMATE REED INVOLVED in throwing gang signs.
THIS OFFICER identified REED by FACE & I.D. THIS PICTURE
WAS TAKEN FROM INMATE BAKER (B28307) while being
SHOOK DOWN AFTER A VISITATION ON THIS SAME DATE.

Witnesses, if any:

NOTE: Use additional pages if necessary to describe observation and/or list witnesses.

☐ Temporary Confinement ☐ Investigative Status Reasons:PRINT Name Shift Supervisor's Signature and Date
(For Community Correctional Centers, Chief Adm. Off.)☒ MAJOR, submitted to Adjustment Committee ☐ MINOR, submitted to Program UnitD. Lawrence PRINT Name [Signature] 12/25/95
Reviewing Officer's Signature and DateReviewed by Hearing Investigator: [Signature] SFGreen 12-26-95
(Adult Division Major Reports Only) PRINT Name Signature and Date

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or segregation, and/or deprived of your current grade and statutory good time or good conduct credit, and/or transferred and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

Committed Person's Signature and Number Committed Person Refused to Sign ☒40 Crews 40 Crews 216 12-25-95 11:30 am
PRINT Serving Employee's Name Serving Employee's Signature Date and Time Served

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE)

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offense Date: _____ Committed Person's Signature and Number

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE OR PROGRAM UNIT PRIOR TO THE HEARING)

I would like the Adjustment Committee or Program Unit to consider calling the following witnesses:

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

Offense Date: _____ Committed Person's Signature and Number

DC 7205 (Rev. 06/88) Distribution: 1) Master File; 2) Committed Person; 3) Facility; 4) Facility
IL 426-0361

State of Illinois -- Department of Corrections
DISCIPLINARY REPORT/SUMMARY
(Continuation Page)

Page 2 of 2

☒ Disciplinary Report☐ Disciplinary Summary

Committed Person:

REED

No.

B08789

Offense Date:

12-25-88

Time:

APPROX 8:00 am

SHAKE DOWN

Location: B202M

Facility:

SWCC

THIS OFFICER RECOGNIZED THE SIGNS AS PART
OF THE BLACK GANGSTER DISCIPLINES DUE TO
TRAINING AT THE ILLINOIS DEPARTMENT OF CORRECTIONS
TRAINING ACADEMY. end of Report

State of Illinois - Department of Corrections
ADULT DIVISION
ADJUSTMENT COMMITTEE SUMMARY

Page 1 of 1

Committed Person: Reed No. B28789 Race: B

Offense Date: 12-27-95 Time: @ 12:55 am Location: school Facility: SALCC

Facility where Hearing Held: SALCC Hearing Date: 12/29/95 Time: 9:00 am

COMMITTED PERSON REQUESTED WITNESSES: No ☒ Yes ☐ state names: _____

WITNESSES CALLED: Yes ☐ state names: _____
(Include witnesses' statements.)
No ☐ state reasons and explain below.

- ☐ Request for witness was not timely. _____
- ☐ Testimony would be cumulative. _____
- ☐ Testimony would be irrelevant. _____
- ☐ Calling witnesses would undermine authority or jeopardize security. _____
- ☐ Other (Specify) _____

RECORD OF PROCEEDINGS: EDD Reed I/M pleads to chgs 307
Was sleep and no one woke him up after chow. Went to
school after he woke up. This was about 12:55PM when he
finally arrived at school. Said he meant to go to school
but fell asleep after lunch. Pleads not guilty

DISPOSITION AND BASIS FOR DECISION: Based upon available evidence, the Committee finds the committed person:

- ☐ NOT GUILTY. ☒ GUILTY of the offense(s) charged. (State reasons below.)
- ☐ GUILTY OF _____ (Offense(s)) (state reasons below), but
- ☐ NOT GUILTY of _____ (Offense(s)).

REASONS: Based on reporting officers written report the
I/M arrived late to school and I/M's admission to arriving
late to school

DISCIPLINARY ACTION:

- ☐ Revoke Statutory Good Time or Good Conduct Credits: _____ ☐ Segregation: _____
- ☐ Demotion to _____ Grade for _____ ☐ Restitution: \$ _____ to _____
- ☒ Other (specify): Verbal Reprimand (VR)

CHAIRMAN: Jill Rudell PRINT Name Signature Jill Rudell Race W

MEMBER: HENRY COLEMAN PRINT Name Signature Henry Coleman Race B

MEMBER: _____ PRINT Name Signature _____ Race _____

☒ Approved ☐ Not Approved: ☐ reduce ☐ remand ☐ or other: _____

12/29/95 Date Edward A. Stinson CHIEF ADMINISTRATIVE OFFICER

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

J.M. O'Dell Employee Serving Copy to Committed Person 12-29-95 1:00pm When Served -- Date and Time

ID #6451

State of Illinois -- Department of Corrections
DISCIPLINARY REPORT

Page 1 of 1

☒ Disciplinary Report 12-27-95 ☐ Confinement Pending Issuance of Disciplinary Report _____
Date Date

☐ Investigative Report _____
Date

Committed Person: Reed No. B28789 Facility: Southwestern IV

Observation Date: 12-27-95 Time: 12:55 ^{am} _{pm} Location: School

Co D. Evans #232 D. Swann 1:30pm 7-3
PRINT Employee's Name Employee's Signature/Time/Shift

Offense: #907 - Unauthorized Movement

Observation: On 12-27-95 at 12:55pm inmate Reed B28789 came to school late for Mr. Gregory's class, "pre-GED" which starts at 12:30pm to 3:15pm. Court cleared at 12:30pm

Witnesses, if any: _____

NOTE: Use additional pages if necessary to describe observation and/or list witnesses.

☐ Temporary Confinement ☐ Investigative Status Reasons: _____

PRINT Name Shift Supervisor's Signature and Date
(For Community Correctional Centers, Chief Adm. Off.)

☒ MAJOR, submitted to Adjustment Committee ☐ MINOR, submitted to Program Unit

D. Laurent Capt. D. Laurent 12/27/95
PRINT Name Reviewing Officer's Signature and Date

☒ Reviewed by Hearing Investigator: Lm Hudson Lm Hudson 12-28-95
(Adult Division Major Reports Only) PRINT Name Signature and Date

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or segregation, and/or deprived of your current grade and statutory good time or good conduct credit, and/or transferred and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

Committed Person's Signature and Number

Co Allen Ryan D. Allen 12-27-95 11:23am
PRINT Serving Employee's Name Serving Employee's Signature Date and Time Served

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE)

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offense Date: _____ Committed Person's Signature and Number _____
(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE OR PROGRAM UNIT PRIOR TO THE HEARING)

I would like the Adjustment Committee or Program Unit to consider calling the following witnesses:

NAME OF WITNESS: _____ Number/Cell/Title: _____
Witness can testify to: _____

NAME OF WITNESS: _____ Number/Cell/Title: _____
Witness can testify to: _____

Offense Date: _____ Committed Person's Signature and Number _____

ID #6452

#260

State of Illinois - Department of Corrections
ADULT DIVISION
PROGRAM UNIT SUMMARY

Page 1 of 1

Committed Person: Reed No. B28789 Race: B

OFFENSE Date: 12/10/95 Time: 12:20 ^{am} Location: HU 2 Facility: SWICC

Facility where Hearing Held: SWICC Hearing Date: 12-15-95 Time: 2:02 ^{am} pm

NAMES OF WITNESSES CALLED, if any: Ab
(Include witnesses' statements.)

RECORD OF PROCEEDINGS: IDR read, I/M pleads to chg 402 not guilty
There was 4 or 5 of us in the bathroom
he pick me out. There was a cigarette

DISPOSITION AND BASIS FOR DECISION:

☐ Refer to Adjustment Committee.

Based upon available evidence, the Unit finds the committed person:

☐ NOT GUILTY. ☒ GUILTY of the offense(s) charged. (Explain below.)☐ GUILTY of _____ (Offense(s)) (explain below), but

NOT GUILTY of _____ (Offense(s)).

DECISION: Reporting Employee report and admission of
being in the bathroom where a cigarette
was found. Note House 2 is a non-
smoking house

DISCIPLINARY ACTION:

☐ Demotion to B Grade for _____☐ Restitution: \$ _____ to _____☐ Loss of Privileges: _____☒ Other (specify): Ver Rep.House ChangeLT Holtzman

PRINT Hearing Officer's Name

[Signature]

Signature

W

Race

☒ Approved ☐ Not Approved: ☐ reduce ☐ remand ☐ or other: _____12-20-95

Date

Edward A. Green, Jr.

CHIEF ADMINISTRATIVE OFFICER

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Hamilton

Employee Serving Copy to Committed Person

12-21-95

When Served -- Date and Time

DC 7208 (Eff. 06/99)
IL 426-11610

Distribution: 1) Master File; 2) Committed Person; 3) Facility; 4) Facility

State of Illinois - Department of Corrections
DISCIPLINARY REPORTPage 1 of 1☒ Disciplinary Report 10 DEC 95 Date ☐ Confinement Pending Issuance of Disciplinary Report Date☐ Investigative Report DateCommitted Person: REED, LEN No. B28789 Facility: SULICCObservation Date: 10/DEC/95 Time: 1220 pm Location: HU2 C6PRINT Employee's Name: CHARLES W MASTON Employee's Signature/Time/Shift: Charles W Maston 12:30 11pm-7amOffense: 504 B 402-HEALTH/SMOKING OR SAFETY VIOLATION

Observation: ON THE ABOVE DATE & APPROX TIME THIS C/O (MASTON) OBSERVED IN REED B28789 SMOKING IN THE BATHROOM (INMATE MANUAL PG 15 PARA *8 DATED 9-8-95) AS I APPROACHED HIM IN REED ATTEMPTED TO FLUSH THE CIGARETTE DOWN THE TOILET. UPON FURTHER INVESTIGATION I FOUND THE LIT CIGARETTE STILL BURNING ATOP THE TOILET STOOL. IDENTIFIED BY INMATE'S I.D. CARD.

Witnesses, if any: CIO J. LITTE

NOTE: Use additional pages if necessary to describe observation and/or list witnesses.

☐ Temporary Confinement ☐ Investigative Status Reasons: _____

PRINT Name

Shift Supervisor's Signature and Date
(For Community Correctional Centers, Chief Adm. Off.)☐ MAJOR, submitted to Adjustment Committee ☒ MINOR, submitted to Program Unit

PRINT Name

Reviewing Officer's Signature and Date

☐ Reviewed by Hearing Investigator: (Adult Division Major Reports Only) PRINT Name Signature and Date

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or segregation, and/or deprived of your current grade and statutory good time or good conduct credit, and/or transferred and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

Committed Person's Signature and Number

Committed Person Refused to Sign R

SGT GIFFORD 96 12-10-95 1:30 am
PRINT Serving Employee's Name Serving Employee's Signature Date and Time Served

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE)

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offense Date: _____ Committed Person's Signature and Number _____

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE OR PROGRAM UNIT PRIOR TO THE HEARING)

I would like the Adjustment Committee or Program Unit to consider calling the following witnesses:

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

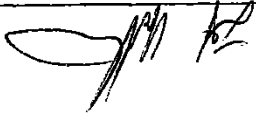
NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

Offense Date: _____ Committed Person's Signature and Number _____

DCA# /IL. 426-14812
NUMBERS APPLIED FOR

~~Adjustment Committee Chairperson~~
Program Committee Chairperson



This RECOMMENDATION has been approved by the Warden.

402
442
from housing unit 206 has been RECOMMENDED to be removed from
Please be advised that Inmate Reed
number 828789
due to violation charge(s)

TO: ASSIGNMENT COMMITTEE
SOUTHWESTERN ILLINOIS CORRECTIONAL CENTER
FROM: ADJUSTMENT COMMITTEE CHAIRPERSON
PROGRAM COMMITTEE CHAIRPERSON
SUBJECT: HOUSING UNIT CHANGE

DATE 12-15-25

ID #6455

State of Illinois -- Department of Corrections
ADULT DIVISION
ADJUSTMENT COMMITTEE SUMMARY

Page 1 of 1

Committed Person: Reed
Offense Date: 5/20/95 Time: 5:00 pm Location: SWJCC
Facility where Hearing Held: SWJCC
Hearing Date: 12/8/95 Time: 11:30 am

COMMITTED PERSON REQUESTED WITNESSES: No ☒ Yes ☐ state names: _____
WITNESSES CALLED: Yes ☐ state names: _____
No ☒ state reasons and explain below.
(Include witnesses' statements.)

☐ Request for witness was not timely.
☐ Testimony would be cumulative.
☐ Testimony would be irrelevant.
☐ Calling witnesses would undermine authority or jeopardize security.
☒ Other (Specify) None requested.

RECORD OF PROCEEDINGS: IDR read, I'm reads to chg 307
Dismissed, back to appear before committee & offer a statement
on his behalf.

DISPOSITION AND BASIS FOR DECISION: Based upon available evidence, the Committee finds the committed person:
☐ NOT GUILTY.
☒ GUILTY OF 307.
☐ NOT GUILTY of _____
(Offense(s)) (state reasons below, but
(Offense(s)).

REASONS: Committee relies upon employees' written statements
not allowing to see in corridor, other by inmate's failure
to appear before committee & offer a statement on his behalf.
Committee finds guilty
Committee's certified hearing with 2 officers on 2 occasions & inform
inmate of hearing & inmate failed to appear.

DISCIPLINARY ACTION:
☐ Revoke Statutory Good Time or Good Conduct Credits:
☐ Segregation:
☐ Restitution: \$ _____ to _____
☒ Other (specify): 200 Comm. 12/15 - 12/28/95

CHAIRMAN: Eric Johnson PRINT Name: _____
MEMBER: T. Hamlin PRINT Name: _____
MEMBER: _____ PRINT Name: _____
Signature: _____ Race: _____
Signature: _____ Race: _____
Signature: _____ Race: _____

MEMBER: _____ PRINT Name: _____
Signature: _____ Race: _____

CHIEF ADMINISTRATIVE OFFICER: [Signature] Date: 12/14/95
The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504, Subpart F.
Employee Serving Copy to Committed Person
When Served - Date and Time: 12-11-95 7:13 pm

DC 7113 (Rev. 08/88)
Distribution: 1) Master File; 2) Committed Person; 3) Facility; 4) Facility
IL 426-0313

ID #6456

DC 7205 (Rev. 06/88) Distribution: 1) Master File; 2) Committed Person; 3) Facility; 4) Facility

Offense Date: _____

Committed Person's Signature and Number _____

NAME OF WITNESS: _____

Witness can testify to: _____

NAME OF WITNESS: _____

Witness can testify to: _____

Number/Cell/Title: _____

Number/Cell/Title: _____

I would like the Adjustment Committee or Program Unit to consider calling the following witnesses: _____

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE OR PROGRAM UNIT PRIOR TO THE HEARING)

Offense Date: _____

Committed Person's Signature and Number _____

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE)

PRINT Serving Employee's Name _____

Serving Employee's Signature _____

Date and Time Served _____

Committed Person's Signature and Number _____

Committed Person Refused to Sign ☐

PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, leaving it off, and returning it to the Adjustment Committee. You may have still assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or segregation, and/or deprived of your current grade and statutory good time or good conduct credit, and/or transferred and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

PRINT Name _____

Shift Supervisor's Signature and Date _____

(For Community Correctional Center, Chief Adm. Off.)

PRINT Name _____

MAJOR, submitted to Adjustment Committee ☒ MINOR, submitted to Program Unit ☐

PRINT Name _____

Reviewed by Hearing Investigator: _____

(Adult Division Major Reports Only)

PRINT Name _____

Signature and Date _____

NOTE: Use additional pages if necessary to describe observation and/or list witnesses.

Witnesses, if any: _____

Observation: _____

He was accompanied by inmate card # 8-28239.

Visiting Area instead of going down corridor #2.

Dietary from Super feed and worked up to the

Cor #1 Officers Desk. He had exited the

Inmate Room B-28789 in Corridor #1 by the

AT approx. 5:00 pm on this date I observed

Offense: 504 B

#307 UNAUTHORIZED Movement

PRINT Employee's Name _____

Employee's Signature/Time/Shift _____

Observation Date: 12-2-95

Time: 4:50 pm

Location: Corridor #1

Committed Person: _____

No. B-28789

Facility: Southwestern IL CC

Investigative Report ☐

Disciplinary Report ☒

Date 12-2-95

Confinement Pending Issuance of Disciplinary Report ☐

Date _____

Page 1 of 1

State of Illinois -- Department of Corrections

DISCIPLINARY REPORT

H-2, C-6



Entered (SWC)

Jim Edgar
Governor
Odie Washington
~~Howard A. Peters III~~
Director

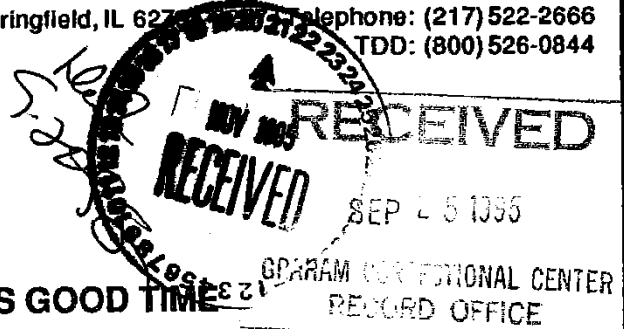
1301 Concordia Court / P.O. Box 19277 / Springfield, IL 62767 Telephone: (217) 522-2666
TDD: (800) 526-0844

MEMORANDUM

Date: September 14, 1995
To: ~~Howard A. Peters III~~, Director
Attention: Transfer Coordinator

From: Graham Correctional Center

Subject: **SUPPLEMENTAL MERITORIOUS GOOD TIME**



Name: Reed, Lenn IDOC Number: B28789

Offense(s): Agg Disch of a Firearm Sentence: 4 Years

Projected Release Date: 1/18/97 Work Release Violation Date: NA

Date Received at Institution: 6/22/95 Parole Violator: ☐ Yes ☒ No Outstanding Time Revoked: 0

Date Received IDOC: 7/13/95 Inmate's Present Location: Graham

Prior MGT Awarded		Prior MGT Awarded		Prior SMGT Awarded	
Date: <u>8/15/95</u>	Amount: <u>90</u>	Date: _____	Amount: _____	Date: _____	Amount: _____
Date: _____	Amount: _____	Date: _____	Amount: _____	Date: _____	Amount: _____
Date: _____	Amount: _____	Date: _____	Amount: _____	Date: _____	Amount: _____

THE FOLLOWING CRIMES ARE EXCEPTIONS TO ANY CONSIDERATION FOR AN AWARD OF SUPPLEMENTAL MERITORIOUS GOOD TIME.

1. First Degree Murder
2. Reckless Homicide While Under the Influence of Alcohol or Any Other Drug
3. Aggravated Kidnapping
4. Kidnapping
5. Aggravated Criminal Sexual Assault
6. Rape
7. Criminal Sexual Assault
8. Deviate Sexual Assault
9. Aggravated Criminal Sexual Abuse
10. Aggravated Indecent Liberties With a Child
11. Indecent Liberties With a Child
12. Child Pornography
13. Heinous Battery
14. Aggravated Battery of a Spouse
15. Aggravated Battery of a Spouse with a Firearm
16. Aggravated Battery of a Child
17. Endangering the Life or Health of a Child
18. Cruelty to a Child
19. Narcotics Racketeering
20. Stalking
21. Aggravated Stalking

In accordance with D.R. 107, I recommend that 90 days of Meritorious Good Time be awarded to the above named committed person for the reasons stated below.

Months considered: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Days:

45 Program Completion _____

45 Job Performance Dietary

45 Behavior Record No Problems

Other _____

Comments: _____

Submitted by:

John Hanke

Date 9/14/95

Chief Administrative Officer

Date

In accordance with Illinois Compiled Statutes, 730 ILCS 5/3-6-3, paragraph 1003-6-3, I have determined to award _____ days of Supplemental Meritorious Good Time.

Howard A. Peters III, Director

Date

IN THE CIRCUIT COURT OF THE THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

THE PEOPLE OF THE STATE OF ILLINOIS

vs.

LENN D. REED
B/M DOB: 5/11/77
33 Sullivan Drive
Alton, IL

FILED

JAN 12 1995

Defendant
CLERK OF CIRCUIT COURT
THIRD JUDICIAL CIRCUIT
MADISON COUNTY, ILLINOIS

No. 94-CF-2245
COUNT I - CLASS 1
COUNT II - CLASS 4

INDICTMENT

914 Bailey
Alton

On this 12th day of January, 1995, the Grand Jury, chosen, and sworn for the County of Madison, in the name and by the authority of the People of the State of Illinois, charges that:

LENN D. REED

on the 26th day of December, 1994, at and in the County of Madison, in the State of Illinois, committed the offense of:

COUNT I - AGGRAVATED DISCHARGE OF A FIREARM -- in that said defendant knowingly discharged a firearm in the direction of another person or in the direction of a vehicle, being a 1978 Chevrolet Van, which said defendant knew to be occupied, in violation of 720 ILCS 5/24-1.2(a)(1), and against the peace and dignity of the People of the State of Illinois.

COUNT II - MOB ACTION -- in that said defendant knowingly and by use of force and violence disturbed the peace, in that he, while acting together with Michael R. Rippley and Richard E. Pittman and without authority of law discharged a firearm, thereby inflicting injury upon Mariesha A. Samuels,

in violation of 720 ILCS 5/5/25-1(a)(1), and against the peace and dignity of the People of the State of Illinois.

A TRUE BILL

Glen Bequeth Jr.
For person of the Grand Jury

The within indictment returned in open court this 12th of January, 1995.

Bail set at \$ *10,000.00*. Warrant of Arrest ordered to issue.

Charles R. [Signature]
Judge of the Circuit Court

WITNESSES: Detectives Bill Taul & Jerry Cooley, Alton Police Dept.



ILLINOIS
DEPARTMENT
OF
CORRECTIONS

Jim Edgar
Governor

Odie Washington
Director

Graham Correctional Center / P.O. Box 499 / Highway 185 / Hillsboro, Illinois 62049 / Telephone (217)532-6961
TDD: (800) 526-0844

MEMORANDUM

DATE: October 17, 1995

TO: Lenn Reed
Register Number B28789 H.U. 19-B-10

FROM: Kenneth P. Dobucki, Warden
Graham Correctional Center

SUBJECT: Supplemental Meritorious Good Time

This is to advise you that the Director has denied the award of Supplemental Meritorious Good Time.

K. Dobucki
Kenneth P. Dobucki, Warden
Graham Correctional Center

ejb

cc: Assistant Warden/Programs
Clinical Services Supervisor
Field Services
Counselors
Master File

From
area.

SCREENING FORM

NAME Lena Reed NUMBER B28789
RECEIVED FROM Madison DATE RECEIVED: DOC 6/23/95 ESL 10/18/95
OFFENSE Agg Dis Firearm CLASS 1
SENTENCE 4 yrs.
CUSTODY DATE 1-8-95 COUNTY Madison
PROJECTED OUTDATE: 1-8-97 MGT SMGT Janet EGCC Paul Eligible
GANG AFFILIATION PK Gang / assault DETAINERS/WARRANTS
SUBSTANCE ABUSE SCREENING FORM COMPLETED NO
PRIORS None

CLINICAL INFORMATION

PSYCHIATRIC/PSYCHOLOGICAL INFORMATION No concerns.

DRUG HISTORY alcohol & marijuana use admitted

CSR/PCR/SPC 7/10/95

DISCIPLINARY RECORD 1 - IDR' 95

MEDICAL PROBLEMS Qual Food Hand.

ENEMIES None.

COMMENTS

EMERGENCY CONTACTS Joyce Reed / Mother 914 Riley ation ll
463-0319

REVIEWED BY Ther Johnson DATE 10/23/95

DCA
Number applied for



**ILLINOIS
DEPARTMENT
OF
CORRECTIONS**

Jim Edgar
Governor

Odle Washington
Director

Graham Correctional Center / P.O. Box 499 / Highway 185 / Hillsboro, Illinois 62049 / Telephone (217)532-6961

TDD: (800) 526-0844

DATE: October 5, 1995

TO: Lenn Reed
Register Number B28789 H.U.

FROM: Kenneth P. Dobucki, Warden
Graham Correctional Center

SUBJECT: Supplemental Meritorious Good Time

This is to advise you that the Director has denied the award of Supplemental Meritorious Good Time.

K P Dobucki
Kenneth P. Dobucki, Warden
Graham Correctional Center

ejb

cc: Assistant Warden/Programs
Clinical Services Supervisor
Field Services
Counselors
Master File



ILLINOIS
DEPARTMENT
OF
CORRECTIONS

RECEIVED

Jim Edgar
Governor

Odie Washington
~~Howard A. Peters III~~
Director

1301 Concordia Court / P.O. Box 19277 / Springfield, IL 62794-9277 / Telephone: (217) 522-2666
TDD: (800) 526-0844

MEMORANDUM

Date: 8/23/95

To: Odie Washington

To: ~~Howard A. Peters III~~, Director
Attention: Transfer Coordinator

GRAHAM CORRECTIONAL CENTER

RECORD OFFICE

From: Graham

Subject: SUPPLEMENTAL MERITORIOUS GOOD TIME

Name: LeAnn Reed IDOC Number: B28789

Offense(s): Agg Disch of a Firearm Sentence: 4yr

Projected Release Date: 1/18/97 Work Release Violation Date: NA

Date Received at Institution: 6/22/95 Parole Violator: ☐ Yes ☒ No Outstanding Time Revoked: 0

Date Received IDOC: 7/13/95 Inmate's Present Location: Graham

Prior MGT Awarded

Prior MGT Awarded

Prior SMGT Awarded

Date: 8/15/95 Amount: 90 Date: _____ Amount: _____ Date: _____ Amount: _____

Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____

Date: _____ Amount: _____ Date: _____ Amount: _____ Date: _____ Amount: _____

THE FOLLOWING CRIMES ARE EXCEPTIONS TO ANY CONSIDERATION FOR AN AWARD OF SUPPLEMENTAL MERITORIOUS GOOD TIME.

1. First Degree Murder
2. Reckless Homicide While Under the Influence of Alcohol or Any Other Drug
3. Aggravated Kidnapping
4. Kidnapping
5. Aggravated Criminal Sexual Assault
6. Rape
7. Criminal Sexual Assault
8. Deviate Sexual Assault
9. Aggravated Criminal Sexual Abuse
10. Aggravated Indecent Liberties With a Child
11. Indecent Liberties With a Child
12. Child Pornography
13. Heinous Battery
14. Aggravated Battery of a Spouse
15. Aggravated Battery of a Spouse with a Firearm
16. Aggravated Battery of a Child
17. Endangering the Life or Health of a Child
18. Cruelty to a Child
19. Narcotics Racketeering
20. Stalking
21. Aggravated Stalking

In accordance with D.R. 107, I recommend that 90 days of Meritorious Good Time be awarded to the above named committed person for the reasons stated below.

Months considered: JAN FEB MAR APR MAY JUN (JUL AUG) SEP OCT NOV DEC

Days: 95 Comments: _____

Program Completion _____

45 Job Performance Dietary

45 Behavior Record No Problems

Other _____

Submitted by: John D. Hanke

John D. Hanke

8/23/95

Date

Chief Administrative Officer

Date

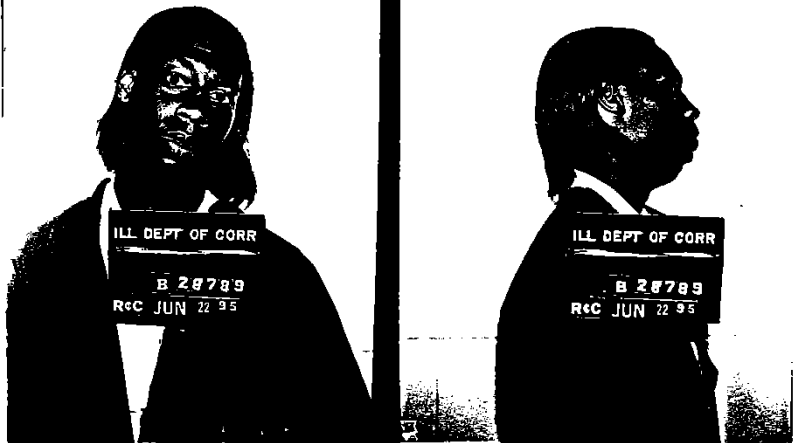
In accordance with Illinois Compiled Statutes, 730 ILCS 5/3-6-3, paragraph 1003-6-3, I have determined to award _____ days of Supplemental Meritorious Good Time.

Howard A. Peters III, Director

Date

GRAHAM CORRECTIONAL CENTER
SCREENING FORMNAME REGG, LERODOC# B 28789

NICKNAME _____

DATE/DOC 6/22/95DATE/GCC 7-13-95 GRADE ARACE BLK RELEASE DATE 1-8-97AGE 18 COUNTY MadisonCRIME Aggravated Dischargeof a Firearm 4 yrsTRANSFER HISTORY Graham Rec to GrahamCRIMINAL HISTORY First adult prison termAFFILIATION Denise PC NEEDS none DRUG/ALCOHOL HISTORY yes / yesDISCIPLINARY RECORD: GOOD ☒ AVERAGE _____ POOR _____ VERY POOR _____

MONITOR CLOSELY! _____

ENEMIES NAMED none listedPOSSIBLE ESCAPE RISK no WANTED no WRIT PENDING no MENTAL HEALTH TEAM NEEDS nonePROBLEM AREAS/NEEDS noneArrest is a smoker.PREPARED BY J. SmithDATE 8-8-95

cc: Warden

A/W Programs

A/W Operations

Master File

Internal Affairs

Counselor File

Escape Risk/Psychologist

DCA 10544; IL 426-5723 (Revised 7/87)

ID #6464

Graham Correctional Center
Vote Sheet

Name: <u>Reed, Glenn</u>		Number: <u>B28789</u>		Date: <u>July 19, 1995</u>	
7060-35-0873		Consideration For: <u>From:</u> <u>Orientation</u>		Consideration For: <u>To:</u> <u>Detention</u>	
Assignment Committee:		Yes	No	Yes	No
1. <u>E. Shipley</u>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
2.					
3.					
4.					
Major:					
Assistant Warden:					
Assistant Warden:					
Total					
Rationale: <u>QFA</u>					
***ESCAPE RISK					
<div style="display: flex; justify-content: space-around;"> LOW MODERATE HIGH </div>					
(CIRCLE ONE)					
<input checked="" type="radio"/> Approved <input type="radio"/> Disapproved		Signature: <u>[Signature]</u>		Date: <u>7-19-95</u>	
Comments:					

DC 866-A II 426-0328 Revised December, 1988

ID #6465

State of Illinois -- Department of Corrections
ADULT DIVISION
ADJUSTMENT COMMITTEE SUMMARY

Page 1 of 1

Committed Person: Reed No. B28789 Race: B
 Offense Date: 6/2/95 Time: 7:30 am Location: Alton Facility: Chatham
 Facility where Hearing Held: Chatham Hearing Date: 6/26/95 Time: 10:55 am
 COMMITTED PERSON REQUESTED WITNESSES: No ☒ Yes ☐ state names: _____
 WITNESSES CALLED: Yes ☐ state names: _____
 (Include witnesses' statements.)
 No ☐ state reasons and explain below.

- ☐ Request for witness was not timely. _____
☐ Testimony would be cumulative. _____
☐ Testimony would be irrelevant. _____
☐ Calling witnesses would undermine authority or jeopardize security. _____
☐ Other (Specify) _____

RECORD OF PROCEEDINGS: DDR was real. inmate charged w/
202 Damage / Inmate of Property. inmate said
that he got an extra tee shirt from another
inmate.

DISPOSITION AND BASIS FOR DECISION: Based upon available evidence, the Committee finds the committed person:

- ☐ NOT GUILTY. ☒ GUILTY of the offense(s) charged. (State reasons below.)
☐ GUILTY OF _____ (Offense(s)) (state reasons below), but
☐ NOT GUILTY of _____ (Offense(s)).

REASONS: Based upon the statements of the reporting
employee and the statements of the inmate,
the inmate was issued a DC-252 form for
the T-shirt

DISCIPLINARY ACTION:

- ☐ Revoke Statutory Good Time or Good Conduct Credits: _____ ☐ Segregation: _____
☐ Demotion to _____ Grade for _____ ☒ Restitution: \$ 2.00 to State of Illinois
☒ Other (specify): destroy T-shirt by staff 05-01-12
 CHAIRMAN: LT. John Stiff Signature: [Signature] Race: _____
 MEMBER: L. Gusick Signature: [Signature] Race: A.I.
 MEMBER: _____ Signature: _____ Race: _____

☒ Approved ☐ Not Approved: ☐ reduce ☐ remand ☐ or other: _____

Date: 6-26-95 K. DeBuckler
 CHIEF ADMINISTRATIVE OFFICER

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Employee Serving Copy to Committed Person 6-27-95 When Served - - Date and Time [Signature]

DC 7113 (Rev. 06/88) Distribution: 1) Master File; 2) Committed Person; 3) Facility; 4) Facility
 IL 426-0313

CC: TRUST

ID #6466

10-150

State of Illinois - Department of Corrections
DISCIPLINARY REPORT

Page 1 of 1

☒ Disciplinary Report 6-23-95 ☐ Confinement Pending Issuance of Disciplinary Report _____
Date _____ Date _____

☐ Investigative Report _____
Date _____

Committed Person: Reed No. B28789 Facility: Graham CC

Observation Date: 6-23-95 Time: 7:30 am/pm am Location: HCU 10 "C" wing

E. R. Hamilton Yo R Hamilton
PRINT Employee's Name Employee's Signature/Time/Shift

Offense: 504 B 202 Damage or Misuse of Property

Observation: On the above date & approx. time this Yo was observing the
yard line as it was exiting the HCU. This officer then observed
inmate Reed, B28789, wearing a torn t-shirt on his head as he was
leaving the HCU. This Yo confiscated it due to the fact that this
was a state-issued white t-shirt. According to the "Inmate Commissary
Price List" dated June 95, RDC inmates are not authorized to purchase
underclothing from the inmate Commissary.

Witnesses, if any: _____

NOTE: Use additional pages if necessary to describe observation and/or list witnesses.

☐ Temporary Confinement ☐ Investigative Status Reasons: _____

PRINT Name Shift Supervisor's Signature and Date
(For Community Correctional Centers, Chief Adm. Off.)

☒ MAJOR, submitted to Adjustment Committee ☐ MINOR, submitted to Program Unit

LARRY ONWARDS Capt. E. R. Hamilton
PRINT Name Reviewing Officer's Signature and Date

☒ Reviewed by Hearing Investigator: W. Hamilton W. Hamilton
(Adult Division Major Reports Only) PRINT Name Signature and Date

PROCEDURES APPLICABLE TO ALL HEARINGS ON INVESTIGATIVE AND DISCIPLINARY REPORTS

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

PROCEDURES APPLICABLE TO HEARINGS CONDUCTED BY THE ADJUSTMENT COMMITTEE ON DISCIPLINARY REPORTS

You may ask that witnesses be interviewed and, if necessary, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing. If you are found guilty of a serious rule violation, you may be placed in confinement and/or segregation, and/or deprived of your current grade and statutory good time or good conduct credit, and/or transferred and/or lose privileges, and/or be required to make restitution. In addition, juveniles may receive a delay in recommended parole.

X Sammy Reed B28789 _____
Committed Person's Signature and Number ☐ Committed Person Refused to Sign

C/O C. Reynolds W. Hamilton 6-23-95 9:00 am/pm
PRINT Serving Employee's Name Serving Employee's Signature Date and Time Served

(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE)

I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offense Date: _____ Committed Person's Signature and Number _____
(DETACH AND RETURN TO THE ADJUSTMENT COMMITTEE OR PROGRAM UNIT PRIOR TO THE HEARING)

I would like the Adjustment Committee or Program Unit to consider calling the following witnesses:

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

NAME OF WITNESS: _____ Number/Cell/Title: _____

Witness can testify to: _____

Offense Date: _____ Committed Person's Signature and Number _____

BIG MUDDY RIVER CORRECTIONAL CENTER
INA, ILLINOIS 62846

DATE: FEB 28 1996

I HAVE RECEIVED A COPY OF THE INMATE HANDBOOK
AT BIG MUDDY RIVER CORRECTIONAL CENTER.

I understand that telephone calls are subject
to monitoring and recording at any time, but
that I may request to place a call to my
attorney on an unmonitored line by contacting
any lieutenant, sergeant, work supervisor,
wing officer or correctional officer. The
lieutenant in charge of the area will be
contacted to make arrangements for a call to
be placed on an unmonitored line.

Entiendo que llamadas por telefono recibidas
por un presos pueden ser escuchadas y
grabadas cuando-quiera que sea necesario,
excepto que yo puedo pedir una llamada a
li pedir esto por ponerme en contacto con
un teniente, un sargento, o un supervisor
de trabajo, o cualquier oficial correccional.
El teniente encargado de la area hara todo
para hacer este tipo de llamada.

INMATE SIGNATURE: *Lenny Reed*

INMATE I.D.O.C. NUMBER: 13 28789

Una version del Manual para el Preso esta grabada en una cinta
de cassette en la biblioteca de B.M.R.C.C. Tenga usted la
bondad de mandar una solicitud escrita a la biblioteca y
recibira permiso de ir a la biblioteca para escuchar la
cinta. Es importante que sepa las reglas de B.M.R.C.C.

BIG MUDDY RIVER CORRECTIONAL CENTER
INA, ILLINOIS 62846

DATE: 3.5.94

I HAVE COMPLETED THE INMATE ORIENTATION PROGRAM
AT BIG MUDDY RIVER CORRECTIONAL CENTER.

I understand that telephone calls are subject to monitoring and recording at any time, but that I may request to place a call to my attorney on an unmonitored line by contacting any lieutenant, sergeant, work supervisor, wing officer or correctional officer. The lieutenant in charge of the area will be contacted to make arrangements for a call to be placed on an unmonitored line.

Entiendo que llamadas por telefono recibidas por un presos pueden ser escuchadas y grabadas cuandoquiera que sea necesario, excepto que yo puedo pedir una llamada a li pedir esto por ponerme en contacto con un teniente, un sargento, o un supervisor de trabajo, o cualquier oficial correccional. El teniente encargado de la area hara todo para hacer este tipo de llamada.

INMATE SIGNATURE: *Leon Reed*

INMATE I.D.O.C. NUMBER: B 28789

Una version del Manual para el Preso esta grabada en una cinta de cassette en la biblioteca de B.M.R.C.C. Tenga usted la bondad de mandar una solicitud escrita a la biblioteca y recibira permiso de ir a la biblioteca para escuchar la cinte. Es importante que sepa las reglas de B.M.R.C.C.



**ILLINOIS
DEPARTMENT
OF
CORRECTIONS**

Governor

Odle Washington
Director

Southwestern Illinois Correctional Center / Caller Service 50, 950 Kingshighway / East St. Louis, IL 62203-0050
Telephone: (618) 394-2200 TDD: (800) 526-0844

February 8, 1996

Ms. Peaches Hinton
813 E. 7th Street
Alton, Illinois 62002

Dear Ms. Hinton:

It has been brought to my attention that on Wednesday, February 7, 1996, while visiting with Inmate Reed, B-28789, Southwestern Illinois Correctional Center Security staff observed you engaging in sexual misconduct with Inmate Reed. This is a clear violation of institutional policy.

Therefore, I have determined to permanently restrict your visiting privileges. A permanent restriction is for a period of time in excess of six (6) months. Reviews of restrictions are made only upon the written request of the inmate or restricted visitor after six (6) months of restriction, a year of restriction and on an annual basis thereafter.

This permanent restriction also prohibits you from visiting at any Adult Correctional Institution within the State of Illinois.

Sincerely,

Melvin Tolar
Assistant Warden, Operations
Southwestern Illinois Corr. Center

MT/kg

cc: Warden Edward A. Green, Jr.
Reception Desk
Inmate Reed, B-28789
Gatehouse
Master File, Reed, B-28789

Asst. Warden Alan Karraker
Unit Manager Robert L. Caldwell
Major Michael Manion
Chron. File/file

sexual misconduct
between
visitor & inmate

407810
STATE OF ILLINOIS — DEPARTMENT OF CORRECTIONS
ADULT AND JUVENILE DIVISIONS
INCIDENT REPORT

Key
Visitor
Particular
P

Institution/Program: SWICC Date and Time of Incident: 7 Feb 96 apx 5:15 P

If the answer is yes to any of the following questions, explain in narrative below:

A. Was a Weapon Involved: YES ☐ NO ☒ B. Were Restraints/Force Used: YES ☐ NO ☒ C. Was Property Damaged: YES ☐ NO ☒
D. Have Apprehension Unit and/or Law Enforcement Agencies Been Notified: YES ☐ NO ☒ E. Were Arrests Made: YES ☐ NO ☒
F. Any Injuries/Hospitalizations: YES ☐ NO ☒ G. Were there Media Inquiries: YES ☐ NO ☒

Inmates/Staff Involved:		Offense	Commitment Date
Name	I.D.#		
Reed	B28789	107	
		401	

Witnesses to Incident
Name: I.D.#

Statement of Facts: (NARRATIVE) On the above date and approximate
time this officer observed visitor Peaches Hinton with
her hand down the pants of inmate Reed B28789 this
is in violation of 401 abuse of privileges and 107 sexual misconduct
Capt. Rose was called to the visiting room and the visit
was terminated per the duty warden End of statement

Peaches Hinton
813 E 7th St
Aton IL 62002

AWKAREAKER NOTIFIED
VISIT TERMINATED PER DW
IDR Completed. Inmate Placed
on House Arrest.

<u>H. Griffin</u> Reporting Employee	<u>apx 5:10 P</u> <u>7 Feb 96</u> Date/Time	<u> </u> Person Calling in Report	<u>Capt Rose</u> Person Accepting Report	<u>APR</u> <u>2-7-96 10:20 PM</u> Date/Time
---	---	---	---	---

Administrative Assessment:

Chief Administrative Officer Date/Time

Distribution: Director
Deputy Director of Appropriate Division
Deputy Director of Bureau of Inspections and Audits
Legal Services (only if restraints/force used)
File

STATE OF ILLINOIS - DEPARTMENT OF CORRECTIONS

RESIDENT PERSONAL PROPERTY INVENTORY RECORD

1. CORRECTIONAL CENTER <i>SH ICC</i>		2. DATE PACKED <i>10-18-95</i>	
3. RESIDENT (OWNER OF THE PERSONAL PROPERTY) <i>Reed</i>		4. REGISTER NO. <i>1328789</i>	5. TRANSFERRED TO: <i>K-47</i>
6. DATE TRANSFERRED:		7. WHERE PROPERTY SENT: (WITH THE RESIDENT OR TO ADDRESS GIVEN ON BACK)	
MISCELLANEOUS			

<input type="checkbox"/> Ash Trays	<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Music Books	<input type="checkbox"/> Brief Cases
<input type="checkbox"/> Ball Point Pens	<input type="checkbox"/> Eyeglass Case	<input checked="" type="checkbox"/> 1 Photo Albums	<input type="checkbox"/> Books
<input type="checkbox"/> Can Openers	<input type="checkbox"/> Jigsaw Puzzles	<input type="checkbox"/> Photographs without frames	<input type="checkbox"/> Magazines
<input type="checkbox"/> Cards, Greeting	<input type="checkbox"/> Law Books	<input type="checkbox"/> Plants	<input type="checkbox"/> Posters, Wall
<input type="checkbox"/> Checker Set	<input type="checkbox"/> Lead Pencils	<input type="checkbox"/> Playing Cards	<input type="checkbox"/> Paintings, Unframed
<input type="checkbox"/> Chess Set	<input type="checkbox"/> Legal Papers	<input type="checkbox"/> Shoe Polish	<input type="checkbox"/> Paintings, Framed
<input type="checkbox"/> Chess or Checker Board	<input type="checkbox"/> Legal Documents	<input type="checkbox"/> Shoe Brush	<input type="checkbox"/> Ice Chest or Cooler
<input type="checkbox"/> Court Transcripts	<input type="checkbox"/> Letters	<input checked="" type="checkbox"/> 1 Soap Dish	<input type="checkbox"/> Bracelets
<input type="checkbox"/> Dictionary	<input type="checkbox"/> Notebooks	<input type="checkbox"/> Suitcases	<input type="checkbox"/> Necklaces
<input type="checkbox"/> Ear Plug	<input type="checkbox"/> Mechanical Pencils	<input type="checkbox"/> Trunks	<input type="checkbox"/> Rings
<input type="checkbox"/> Erasers	<input type="checkbox"/> Medication	<input type="checkbox"/> Photographs with Frames	<input type="checkbox"/> Wallets

1	reem notebook paper, 4 chili, 5 macaroni, 2 needles
1	folder, 1 oatmeal cakes, 9 tuna, 2 beans
1	extension cord, 1 rice, 1 cheese, 1 bag braided elastic
1	plastic bowl, 1 envelope misc. papers
1	plastic cup

STAPLES

<input checked="" type="checkbox"/> 6 Cigarettes packs	<input type="checkbox"/> Tea
<input type="checkbox"/> Cigarette Lighters	<input type="checkbox"/> Pipe Tobacco
<input type="checkbox"/> Cigars	<input type="checkbox"/> Tobacco Pouches
<input type="checkbox"/> Coffee	<input type="checkbox"/> Pipe

COSMETICS

<input type="checkbox"/> Chap Stick	<input type="checkbox"/> Hair Picks	<input type="checkbox"/> Nail Clippers	<input type="checkbox"/> Baby Oil
<input checked="" type="checkbox"/> 1 Combs	<input checked="" type="checkbox"/> 2 Hair Dressing	<input checked="" type="checkbox"/> 3 Soap, Bars	<input checked="" type="checkbox"/> 2 Toothpaste
<input type="checkbox"/> Dentures, Upper, Lower	<input checked="" type="checkbox"/> 2 Hair Conditioner	<input type="checkbox"/> Shaving Cream	<input checked="" type="checkbox"/> 1 Tooth Brush w/holder
<input checked="" type="checkbox"/> 2 Deodorant, Sticks	<input type="checkbox"/> Shampoo	<input checked="" type="checkbox"/> 1 Talcum Powder	<input type="checkbox"/> Tooth Powder
<input type="checkbox"/> Deodorant, Spray	<input type="checkbox"/> Cream Rinse or Cond.	<input checked="" type="checkbox"/> 1 Baby Lotion	<input type="checkbox"/> Tweezers
<input type="checkbox"/> Hair Brushes			

1	q-tips
---	--------

ID #6472

RESIDENT'S NAME <i>Red</i>	REGISTER NO. <i>B28789</i>	DATE: <i>10-18-95</i>
CLOTHING		

<input type="checkbox"/> Dress Boots	<input type="checkbox"/> T-Shirts, Colored	<input type="checkbox"/> Suits, Three Piece	<input type="checkbox"/> Jackets, Other
<input type="checkbox"/> Work Boots	<input type="checkbox"/> 3 Undershirts	<input type="checkbox"/> Sport Coats	<input type="checkbox"/> Coats, Leather
<input type="checkbox"/> Houseslippers	<input type="checkbox"/> Colored Tank Shirts	<input type="checkbox"/> 2 Jeans, Blue	<input type="checkbox"/> Coats, Other
<input checked="" type="checkbox"/> 1 Shower Shoes	<input type="checkbox"/> Thermal Underwear	<input type="checkbox"/> Jeans, Other Colors	<input type="checkbox"/> Caps
<input type="checkbox"/> Gym Shoes	<input type="checkbox"/> Handkerchiefs	<input type="checkbox"/> Neckties	<input type="checkbox"/> Hats
<input type="checkbox"/> Dress Shoes	<input type="checkbox"/> 5 Socks, White	<input type="checkbox"/> Sweaters	<input type="checkbox"/> Gloves
<input type="checkbox"/> Belts	<input type="checkbox"/> Socks, Colored	<input type="checkbox"/> Pullover Shirts	<input type="checkbox"/> Umbrellas
<input type="checkbox"/> Undershorts, Briefs	<input type="checkbox"/> 1 Sweatshirts	<input type="checkbox"/> Dress Shirts	<input type="checkbox"/> Scarves
<input type="checkbox"/> 5 Undershorts, Boxer	<input type="checkbox"/> Suits, Two Piece	<input type="checkbox"/> Dress Pants	
<input checked="" type="checkbox"/> 1 T-Shirts, White	<input checked="" type="checkbox"/> 1 Sweat pants	<input type="checkbox"/> Jackets, Leather	

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

CRAFT SUPPLIES
☐ Painting Supplies

☐ Leathercraft Supplies

☐ Jewelry Making Supplies

☐ Other, Specify _____
LINENS

<input type="checkbox"/> Bedspreads	<input type="checkbox"/> Room Size Rugs	<input type="checkbox"/> Pillows	<input type="checkbox"/> Towels, Hand
<input type="checkbox"/> Drapes	<input type="checkbox"/> Sheets	<input type="checkbox"/> Blankets	<input checked="" type="checkbox"/> 1 Washcloths
<input type="checkbox"/> Sheers	<input type="checkbox"/> Pillow Cases	<input type="checkbox"/> Quilts	
<input type="checkbox"/> Throw Rugs		<input checked="" type="checkbox"/> 1 Towels, Bath	

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

RESIDENT'S NAME <i>Reed</i>	REGISTER NO. <i>B28789</i>	DATE: <i>10-18-95</i>
PERMIT ITEMS		

(On each item on this page, please specify brand, description, and model or serial number if available:)

Typewriter:	Lamp:
Musical Instrument:	Headphones:
Razor:	Fishing Equipment:
Wristwatch:	Alarm Clock:
Pocket Watch:	Calculator:
Fan: <i>lakeview w/ 3 speed</i>	Coffee Pot:
Hair Styler/Dryer:	Popcorn Popper:

(On the stereo equipment, please specify function as well as the above information: Television, AM Radio, AM/FM Radio, 8-Track player)

(1)
(2)
(3)
(4)
(5)

Eight Track Tapes: No.	Cassette Tapes: No.	Records: No.
PLEASE SEND THE ITEMS I CANNOT TAKE WITH ME TO THE FOLLOWING NAME AND ADDRESS:		
NAME:		PHONE NUMBER OF THIS PARTY AC ()
ADDRESS:		

I hereby certify that the Personal Property Sheets I am signing contain a true and complete listing of my personal property.

Resident's Signature: *Reed* Number: *B28789*

Dates: *10-18-95*

Witness: *M. Dumanay #207*

Checking Officer(s):

Listed By: *25. Vash #163*

SOUTHWESTERN ILLINOIS CORRECTIONAL CENTER
EAST ST. LOUIS, ILLINOIS

RECEIPT OF ORIENTATION MANUAL



I have participated in the Southwestern Illinois Correctional Center Orientation Program, and have received a copy of the Southwestern Illinois Orientation Manual.

I understand that telephone calls are subject to monitoring and recording at any time, but that I may request to place a call to my attorney on an unmonitored line by contacting my assigned Counselor or the Casework Supervisor.

Name: Tenn Reed Number: B28789

Witness: Greg Johnson Date: 10-20-95

Name: Reed, Lenny DOC #: B28789

Inmate Orientation Checklist

Graham Correctional Center

I have received a copy of the Inmate Handbook and have attended and completed the Graham Correctional Center Orientation program.

Inmate's Signature: X Lenny Reed Date: 6-22-95

Witness: [Redacted] Lenny Reed Date: 6-22-95

R & C Inmates Sign this section also

I also attended a presentation by medical staff regarding Acquired Immune Deficiency Syndrome (AIDS)

Inmate's Name: V Lenny Reed Date: 6-22-95

BIG MUDDY RIVER CORRECTIONAL CENTER
INA, ILLINOIS 62846

DATE: FEB 28 1996

I HAVE RECEIVED A COPY OF THE INMATE HANDBOOK
AT BIG MUDDY RIVER CORRECTIONAL CENTER.

I understand that telephone calls are subject
to monitoring and recording at any time, but
that I may request to place a call to my
attorney on an unmonitored line by contacting
any lieutenant, sergeant, work supervisor,
wing officer or correctional officer. The
lieutenant in charge of the area will be
contacted to make arrangements for a call to
be placed on an unmonitored line.

Entiendo que llamadas por telefono recibidas
por un presos pueden ser escuchadas y
grabadas cuando-quiera que sea necesario,
excepto que yo puedo pedir una llamada a
li pedir esto por ponerme en contacto con
un teniente, un sargento, o un supervisor
de trabajo, o cualquier oficial correccional.
El teniente encargado de la area hara todo
para hacer este tipo de llamada.

INMATE SIGNATURE: *Lenny Reed*

INMATE I.D.O.C. NUMBER: 13 28 789

Una version del Manual para el Preso esta grabada en una cinta
de cassette en la biblioteca de B.M.R.C.C. Tenga usted la
bondad de mandar una solicitud escrita a la biblioteca y
recibira permiso de ir a la biblioteca para escuchar la
cinta. Es importante que sepa las reglas de B.M.R.C.C.

BIG MUDDY RIVER CORRECTIONAL CENTER
INA, ILLINOIS 62846

DATE: 3-5-94

I HAVE COMPLETED THE INMATE ORIENTATION PROGRAM
AT BIG MUDDY RIVER CORRECTIONAL CENTER.

I understand that telephone calls are subject to monitoring and recording at any time, but that I may request to place a call to my attorney on an unmonitored line by contacting any lieutenant, sergeant, work supervisor, wing officer or correctional officer. The lieutenant in charge of the area will be contacted to make arrangements for a call to be placed on an unmonitored line.

Entiendo que llamadas por telefono recibidas por un presos pueden ser escuchadas y grabadas cuando quiera que sea necesario, excepto que yo puedo pedir una llamada a la pedir esto por ponerme en contacto con un teniente, un sargento, o un supervisor de trabajo, o cualquier oficial correccional. El teniente encargado de la area hara todo para hacer este tipo de llamada.

INMATE SIGNATURE: *Leon Reed*

INMATE I.D.O.C. NUMBER: 828789

Una version del Manual para el Preso esta grabada en una cinta de cassette en la biblioteca de B.M.R.C.C. Tenga usted la bondad de mandar una solicitud escrita a la biblioteca y recibira permiso de ir a la biblioteca para escuchar la cinte. Es importante que sepa las reglas de B.M.R.C.C.



**ILLINOIS
DEPARTMENT
OF
CORRECTIONS**

Governor

Odle Washington
Director

Southwestern Illinois Correctional Center / Caller Service 50, 950 Kingshighway / East St. Louis, IL 62203-0050
Telephone: (618) 394-2200 TDD: (800) 526-0844

February 8, 1996

Ms. Peaches Hinton
813 E. 7th Street
Alton, Illinois 62002

Dear Ms. Hinton:

It has been brought to my attention that on Wednesday, February 7, 1996, while visiting with Inmate Reed, B-28789, Southwestern Illinois Correctional Center Security staff observed you engaging in sexual misconduct with Inmate Reed. This is a clear violation of institutional policy.

Therefore, I have determined to permanently restrict your visiting privileges. A permanent restriction is for a period of time in excess of six (6) months. Reviews of restrictions are made only upon the written request of the inmate or restricted visitor after six (6) months of restriction, a year of restriction and on an annual basis thereafter.

This permanent restriction also prohibits you from visiting at any Adult Correctional Institution within the State of Illinois.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melvin Tolar'.

Melvin Tolar
Assistant Warden, Operations
Southwestern Illinois Corr. Center

MT/kg

cc: Warden Edward A. Green, Jr.
Reception Desk
Inmate Reed, B-28789
Gatehouse
Master File, Reed, B-28789

Asst. Warden Alan Karraker
Unit Manager Robert L. Caldwell
Major Michael Manion
Chron. File/file

407810
 DEPARTMENT OF ILLINOIS — DEPARTMENT OF CORRECTIONS
 ADULT AND JUVENILE DIVISIONS
 INCIDENT REPORT

sexual misconduct between visitor & inmate
 Institution/Program: SWICC

Date and Time of Incident: 7 Feb 96 apx 5:15P

If the answer is yes to any of the following questions, explain in narrative below:

- A. Was a Weapon Involved: YES ☐ NO ☒ B. Were Restraints/Force Used: YES ☐ NO ☒ C. Was Property Damaged: YES ☐ NO ☒
 D. Have Apprehension Unit and/or Law Enforcement Agencies Been Notified: YES ☐ NO ☒ E. Were Arrests Made: YES ☐ NO ☒
 F. Any Injuries/Hospitalizations: YES ☐ NO ☒ G. Were there Media Inquiries: YES ☐ NO ☒

Inmates/Staff Involved:

Name	I.D.#	Offense	Commitment Date
Reed	B28789	107	
		401	

Witnesses to Incident

Name

I.D.#

Statement of Facts: (NARRATIVE)

On the above date and approximate time this officer observed visitor Peaches Hinton with her hand down the pants of inmate Reed B28789 this is in violation of 401 abuse of privileges and 107 sexual misconduct. Capt. Rose was called to the visiting room and the visit was terminated per the duty warden. End of statement

Peaches Hinton
 813 E 7th St
 Alton IL 62002

AWKAREAKER NOTIFIED

VISIT TERMINATED PER DU

IDR Completed. Inmate Placed

ON HOUSE ARREST

K Griffin
 Reporting Employee

apx 5:10 P
 7 Feb 96
 Date/Time

Person Calling in Report

Capt Rose

Person Accepting Report

APR
 2-7-96 10:20 PM
 Date/Time

Administrative Assessment:

Chief Administrative Officer

Date/Time

Distribution: Director

Deputy Director of Appropriate Division

Deputy Director of Bureau of Inspections and Audits

Legal Services (only if restraints/force used)

File

RESIDENT'S NAME <i>Redd</i>	REGISTER NO. <i>028789</i>	DATE: <i>10-18-95</i>
--------------------------------	-------------------------------	--------------------------

CLOTHING

<input type="checkbox"/> Dress Boots	<input type="checkbox"/> T-Shirts, Colored	<input type="checkbox"/> Suits, Three Piece	<input type="checkbox"/> Jackets, Other
<input type="checkbox"/> Work Boots	<input type="checkbox"/> 3 Undershirts	<input type="checkbox"/> Sport Coats	<input type="checkbox"/> Coats, Leather
<input type="checkbox"/> Houseslippers	<input type="checkbox"/> Colored Tank Shirts	<input type="checkbox"/> 2 Jeans, Blue	<input type="checkbox"/> Coats, Other
<input type="checkbox"/> 1 Shower Shoes	<input type="checkbox"/> Thermal Underwear	<input type="checkbox"/> Jeans, Other Colors	<input type="checkbox"/> Caps
<input type="checkbox"/> Gym Shoes	<input type="checkbox"/> Handkerchiefs	<input type="checkbox"/> Neckties	<input type="checkbox"/> Hats
<input type="checkbox"/> Dress Shoes	<input type="checkbox"/> 5 Socks, White	<input type="checkbox"/> Sweaters	<input type="checkbox"/> Gloves
<input type="checkbox"/> Belts	<input type="checkbox"/> Socks, Colored	<input type="checkbox"/> Pullover Shirts	<input type="checkbox"/> Umbrellas
<input type="checkbox"/> Undershorts, Briefs	<input type="checkbox"/> 1 Sweatshirts	<input type="checkbox"/> Dress Shirts	<input type="checkbox"/> Scarves
<input type="checkbox"/> 5 Undershorts, Boxer	<input type="checkbox"/> Suits, Two Piece	<input type="checkbox"/> Dress Pants	
<input type="checkbox"/> 1 T-Shirts, White	<input type="checkbox"/> 1 <i>Sweatshirt</i>	<input type="checkbox"/> Jackets, Leather	

☐
☐
☐
☐
☐
☐
☐

CRAFT SUPPLIES

☐ Painting Supplies

☐ Leathercraft Supplies

☐ Jewelry Making Supplies

☐ Other, Specify _____

LINENS

<input type="checkbox"/> Bedspreads	<input type="checkbox"/> Room Size Rugs	<input type="checkbox"/> Pillows	<input type="checkbox"/> Towels, Hand
<input type="checkbox"/> Drapes	<input type="checkbox"/> Sheets	<input type="checkbox"/> Blankets	<input type="checkbox"/> 1 Washcloths
<input type="checkbox"/> Sheers	<input type="checkbox"/> Pillow Cases	<input type="checkbox"/> Quilts	
<input type="checkbox"/> Throw Rugs		<input type="checkbox"/> 1 Towels, Bath	

☐
☐
☐

RESIDENT'S NAME <i>Reed</i>	REGISTER NO. <i>B28789</i>	DATE: <i>10-18-95</i>
PERMIT ITEMS		

(On each item on this page, please specify brand, description, and model or serial number if available.)

Typewriter:	Lamp:
Musical Instrument:	Headphones:
Razor:	Fishing Equipment:
Wristwatch:	Alarm Clock:
Pocket Watch:	Calculator:
Fan: <i>lakeport w/ 3 speed</i>	Coffee Pot:
Hair Styler/Dryer:	Popcorn Popper:

(On the stereo equipment, please specify function as well as the above information: Television, AM Radio, AM/FM Radio, 8-Track player)

(1)

(2)

(3)

(4)

(5)

Eight Track Tapes: No.	Cassette Tapes: No.	Records: No.
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PLEASE SEND THE ITEMS I CANNOT TAKE WITH ME TO THE FOLLOWING NAME AND ADDRESS:

NAME:	PHONE NUMBER OF THIS PARTY AC ()
ADDRESS:	

I hereby certify that the Personal Property Sheets I am signing contain a true and complete listing of my personal property.

Resident's Signature: *Reed* Number: *B28789*

Dates: *10-18-95*

Witness: *M. Dumanay #207*

Checking Officer(s):

Listed By: *25. Vash #163*













Name: Reed, LennyDOC #: B28789**Inmate Orientation Checklist****Graham Correctional Center**

I have received a copy of the Inmate Handbook and have attended and completed the Graham Correctional Center Orientation program.

Inmate's Signature: X Lenny ReedDate: 6-22-95Witness: [Redacted] Lenny ReedDate: 6-22-95**R & C Inmates Sign this section also**

I also attended a presentation by medical staff regarding Acquired Immune Deficiency Syndrome (AIDS)

Inmate's Name: V Lenny ReedDate: 6-22-95

RESIDENT'S NAME REED, Lenn		CLASSIFICATION	
ALIAS(S)	REFERENCE		
REGISTER NUMBER B28789	COLOR	SEX	
1. - Right Thumb	2. - R. Index Finger	3. - R. Middle Finger	4. - R. Ring Finger
			
5. - R. Little Finger			
			
6. - Left Thumb	7. - L. Index Finger	8. - L. Middle Finger	9. - L. Ring Finger
			
10. - L. Little Finger			
			
Four fingers taken simultaneously		Four fingers taken simultaneously	
Left Hand	Right Hand		
			
Amputations		Amputations	

